

Trauma-informed care

WellSense HEALTH PLAN



Please note:

Some sections of this training end with reflection exercises that will prompt you to record your thoughts.

Feel free to do so in a notebook or document as you proceed through the training.



Welcome!

This training focuses on trauma-informed care, its health impacts, the barriers to healthcare it helps address, and practical ways to implement trauma-informed care into healthcare strategies.

It also satisfies an NCQA requirement within our health equity curriculum, supporting WellSense's commitment to eliminating health disparities and removing obstacles to equitable access to care.

What you will learn

By the end of this course, you will be able to:

- Define trauma-informed care and explain its foundational principles
- Describe the physiological and neurological health impacts of trauma
- Identify the systemic and structural barriers that perpetuate health inequities
- Apply trauma-informed equity-centered strategies within healthcare settings
- Evaluate organizational challenges to adopting trauma-informed care

Module 1:
Defining trauma-informed care

Defining trauma and health equity

Trauma

- A deeply distressing experience which overwhelms an individual's ability to cope, leading to negative physical, mental, and/or emotional effects.
- Events that cause intense fear, helplessness, and/or harm can cause trauma.

Health equity

- Confronting systemic barriers and social determinants that perpetuate health disparities among marginalized populations.
- Striving to ensure access to resources, opportunities, and conditions necessary for optimal health.

People can experience traumatic events related to factors such as:



Race



Ethnicity



Disability status



Economic status



Language



Sexual orientation and/or gender identity

Additional stats about trauma and health equity

- Around 70 percent of adults experience at least one traumatic event in their lifetime.
- Communities of color have a 28 percent higher trauma experience and overall reduced access to trauma-informed care.
- Current estimates show that not addressing health disparities results in more than $93 billion in excess medical costs each year.

The foundational principles of trauma-informed care

Trauma-informed care relies on four foundational principles:



Address experiences of all populations and adjust healthcare accordingly



Ask “What happened to you” instead of “What’s wrong with you?”



Recognize how trauma and health equity intertwine



Address systemic factors that shape health trajectories for certain groups



Reflection exercise

Think about a time you or someone you supported sought care or services.

- Did the interaction feel safe and respectful?
- Did the individual feel heard and not judged?
- Were their needs and preferences understood and acknowledged?
- How could the experience have been more supportive or empowering?

Record your thoughts in your notes.
When you’re ready to continue, click Next.

Module 2:
The physiological and neurological impacts of trauma

Overall psychological impacts of trauma





Individuals who experience trauma have 2-3x higher rates of chronic conditions, including:

- Stroke
- Heart disease
- Diabetes
- Autoimmune disorders

For mental health, traumatized individuals are:

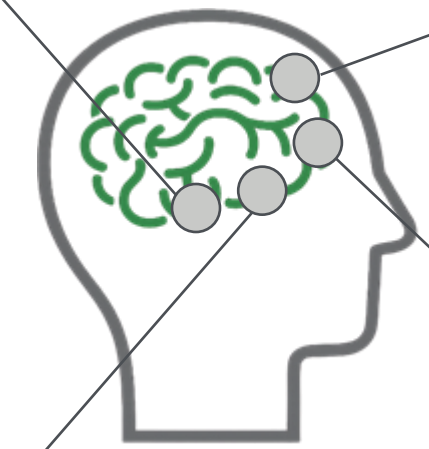
- 4x more likely to have depression
- 12x more at risk of committing suicide
- More likely to have elevated post-traumatic stress disorder (PTSD) and/or anxiety disorders

Neurological impacts of trauma

Because trauma can span generations, it can lead to significant and often permanent changes in an individual's brain. Neuroimaging has shown the following brain changes in traumatized individuals:

Hippocampus
What it does: Forms, organizes, and stores new memories
What trauma does to it: Reduces volume, leading to impaired memory processes and difficulty distinguishing the past from the present.

Prefrontal cortex
What it does: High-level executive functions such as making decisions, impulse control, and personality expression
What trauma does to it: Reduces activation, causing weakened impulse control during emotional regulation



Amgydala
What it does: Processes emotion & fear
What trauma does to it: Causes it to increase hyperactivity, heightened fear, and emotional reactivity

Connection between amygdala and prefrontal cortex
What it does: Regulates fear, anxiety, and decision-making
What trauma does to it: Causes difficulty calming down anger or emotional arousal

Module 3:
Identifying systemic barriers and disparities that cause trauma

Fast facts about systemic barriers and disparities

Trauma-informed care relies on four foundational principles:

30.4 million

The number of uninsured Americans, mostly in communities of color

15+ years

The life expectancy gap between affluent and impoverished neighborhoods

3 times

The black maternal mortality rate, despite equal levels of education and pre-natal care

Case study: Meet Maria



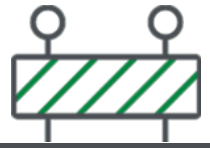
Maria is a 42-year-old single mother of one, working two part-time jobs in a rural community.

She has no reliable transportation (no car and no regular public transit). This makes getting to and from places like work, her child's school, and other grocery stores quite difficult.

Maria has begun experiencing symptoms that will require ongoing treatment, but she has had previous negative experiences with providers, causing her to hesitate seeking care.

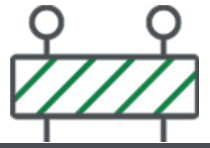
Barriers to quality healthcare

Access to quality healthcare remains unequal across different populations and communities. Read about them below and consider how they apply to Maria's story.



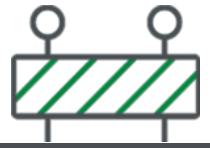
Geographic barriers

- Underserved communities often experience critical gaps in healthcare access
  - Limited or no local hospitals, free clinics, urgent care facilities, or pharmacies or stores with first-aid or over-the-counter medications
- Example: Maria's closest clinic to receive treatment is over 20 minutes away by car and inaccessible by bus.



Economic factors

- Low-income populations experience 2.5x higher rates of being uninsured:
  - Limits access to preventive services
  - Often results in delayed, more expensive care down the line
- Example: Most of Maria's neighbors are either uninsured or on no-premium but low-coverage plans.



Social determinants

- Health outcomes and long-term well-being often decrease when populations lack fundamental social conditions such as:
  - Housing stability
  - Educational attainment
  - Employment security
- Example: Because of Maria's work schedule and family responsibilities, she has limited time to get treatment.

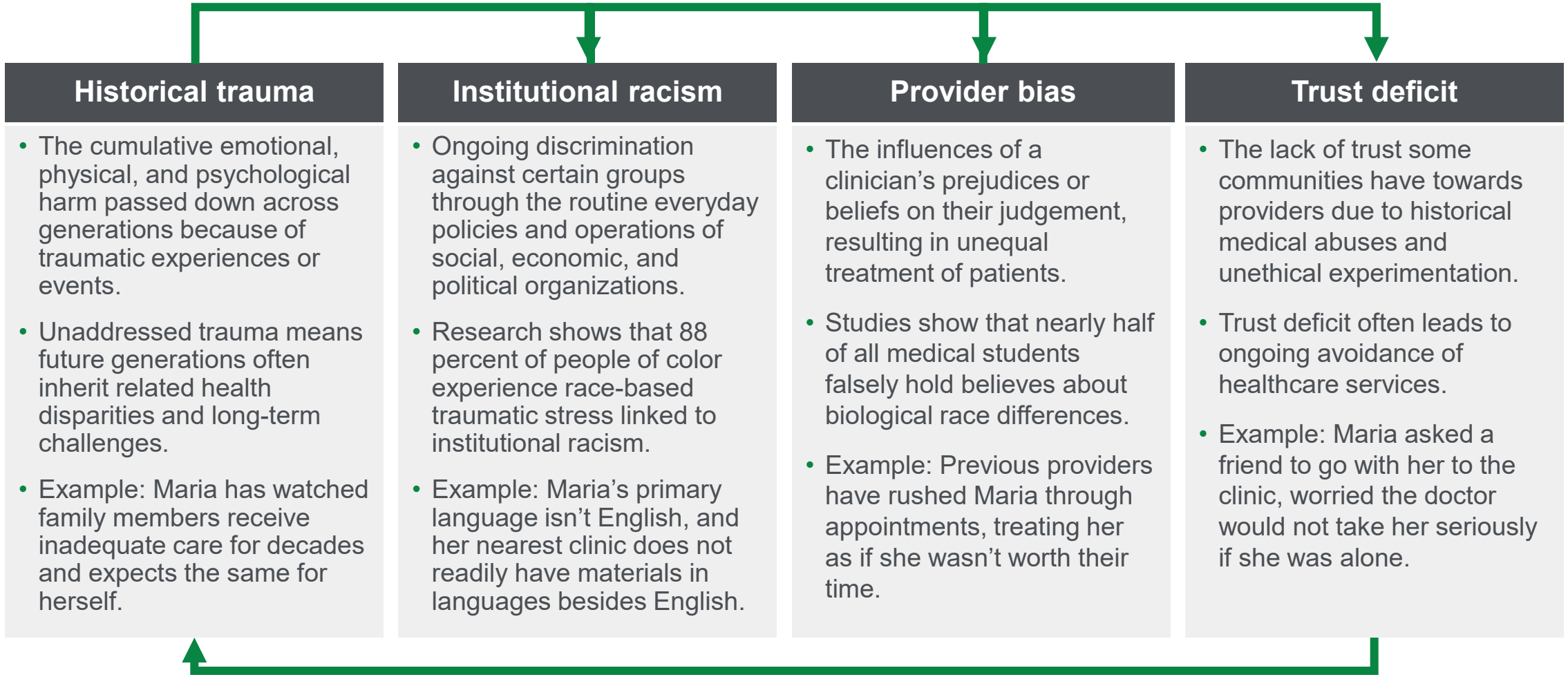


Systemic discrimination

- Deep-rooted institutional biases and long-standing discriminatory policies continue to drive inequities in treatment quality and contribute to less positive health outcomes for marginalized populations.
- Example: The state government has voted against expanding public transit to Maria's community because of its distance and population.

Trauma, systemic barriers, and health inequities

Systems that ignore trauma often reinforce health inequities, creating a destructive cycle.



Module 4:
Applying trauma-informed, equity-centered strategies within healthcare settings

Principles of trauma-informed health equity approach

Trauma-informed care gives marginalized communities pathways to equitable outcomes.



Cultural responsiveness

What it does: Recognizes how cultural identity and historical context uniquely shape trauma experiences. This requires tailored healing approaches beyond one-size-fits-all solutions.

Examples: Incorporating diverse literature into care, allowing individuals to share their own experiences.



Community partnership

What it does: Elevates voices from consultation to meaningful co-creation, and ensures that interventions authentically address lived experiences of trauma

Examples: Local businesses may partner with schools, universities, and technical colleges to offer training opportunities to individuals and help them find employment, providing pathways to better care.



Structural competency

What it does: Targets the root systemic inequities that simultaneously generate trauma and perpetuate health disparities, moving beyond individual interventions to institutional change.

Examples: A doctor treating a child for asthma recognizes mold in the home as the cause; instead of just prescribing an inhaler, the doctor refers the family to on-site legal help to force the landlord to fix their housing conditions.

Implementation strategies for healthcare organizations

Implementing trauma-informed care involves a coordinated set of strategies that work together to create equitable, responsive, and healing-centered healthcare environments.



Training and education

- Ensure that all staff receive comprehensive trauma-awareness education:
  - Mandatory certification
  - Training in cultural competency and health equity
  - Regular reinforcement
- Comprehensive trauma-informed training has helped improve patient health outcomes and staff confidence by 75%



Policy recommendations

- Building on staff training, institutions must:
  - Revise institutional policies to reduce re-traumatization and better support patients
  - Develop and validate screening tools and clinical protocols that meet the needs of diverse populations



Community engagement

- Organizations should:
  - Form meaningful partnerships with community groups that serve marginalized populations
  - Create representative boards that include people with lived trauma experience ensures programs are shaped by those most affected.



Continuous assessment

- Sustaining trauma-informed care requires ongoing evaluation:
  - Establish metrics that track progress
  - Conduct quarterly reviews of equity outcomes using data broken down by race, ethnicity, language, disability, sexual orientation, gender identity, veteran status, and geography.

Implementation strategies for healthcare organizations

Implementing trauma-informed care involves a coordinated set of strategies that work together to create equitable, responsive, and healing-centered healthcare environments.



Universal trauma screening

- With strong assessment practices, organizations can implement culturally responsive trauma screenings to ensure all patients receive equitable and appropriate care



Community advisory boards

- To keep care aligned with community needs, advisory boards should be made up of:
  - Local representatives
  - Individuals with lived experience



Data collection

- Sustaining trauma-informed care requires ongoing evaluation:
  - Establish metrics that track progress
  - Conduct quarterly reviews of equity outcomes using data broken down by race, ethnicity, language, disability, sexual orientation, gender identity, veteran status, and geography.

Applying trauma-informed practices on an individual level



Safety & trust

- Create a safe, predictable interaction
- Follow through on commitments
- Respect boundaries and preferences



Communication style

- Use calm, respectful communication
- Use strengths-based language
- Be mindful of tone, pacing, and body language



Listening & validation

- Ask open-ended questions
- Recognize and respond to signs of distress
- Avoid judgement and assumptions
- Avoid unnecessary probing about trauma history



Empowerment & choice

- Offer choices and options whenever possible
- Involve the member directly in decision-making
- Break information into manageable steps
- Support self-advocacy



Reflection exercise

Which strategy or strategies for trauma-informed care do you believe would have the most positive and direct effect on members?

Module 5:
Evaluating organizational challenges to adopting trauma-informed care

Examples of challenges to trauma-informed care

Transitioning to trauma-informed care can feel like navigating an obstacle course for many healthcare organizations. However, each challenge has practical pathways forward that support stronger health equity and better patient outcomes.



Resource constraints

- Insufficient funding, inadequate staffing, competing priorities impede training and consistent implementation across clinical settings
- **Example:** Individual is unable to get appointment with PCP in their area due to language barrier
- **Solution:** Nearest clinic works to find interpreter who can communicate health needs between individual and PCP



Resistance to change

- Deeply embedded practices and workflows create reluctance to adopt new methodologies, despite compelling evidence of improved patient outcomes
- **Example:** Certain clinics may want to remain “one-size-fits-all” out of fear they may get trauma-informed care wrong and hurt individuals further
- **Solution:** Leadership works with experts to provide ongoing education and training to help staff understand best practices

Examples of challenges to trauma-informed care

Transitioning to trauma-informed care can feel like navigating an obstacle course for many healthcare organizations. However, each challenge has practical pathways forward that support stronger health equity and better patient outcomes.



Provider burnout

- Healthcare professionals experience secondary traumatic stress and compassion fatigue when repeatedly exposed to patient trauma without support
- **Example:** Clinicians become frustrated after several patients become emotional recounting past trauma, causing high turnover rates in staffing
- **Solution:** Leadership provides staff with quiet spaces, flexible scheduling, and diversified caseloads



Measurement difficulties

- Traditional healthcare metrics fail to capture the nuanced impacts of trauma-informed care
- **Example:** Clinics find it difficult to come up with questions on their own to judge the effectiveness of trauma-informed care
- **Solution:** Leaders implement validated tools such as the Trauma-Informed Practice Scales and incorporate them with qualitative data from individuals to get a well-rounded picture of care effectiveness

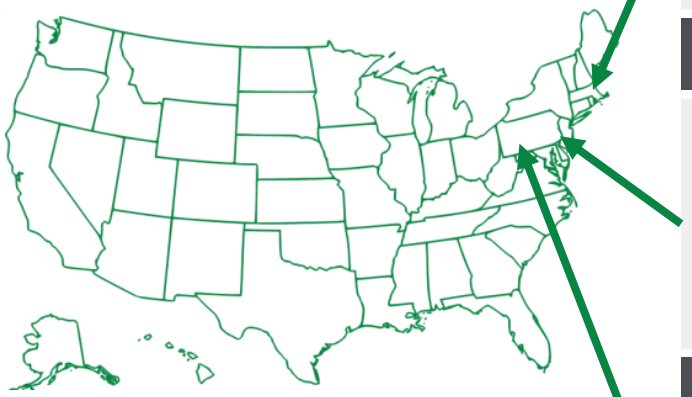


Reflection exercise

Think about what other challenges might prevent or make it difficult to incorporate trauma-informed care. What are possible solutions to those challenges?

Module 6:
Success stories of trauma-informed care

Success stories of trauma-informed care



Boston, MA – THRIVE

- Stands for Transportation, Housing, Resources (food/nutrition), Income (employment/financial assistance), Violence (safety/legal aid), and Education (job training/caregiving support)
- Pioneering holistic program that tackles social determinants of health
- Results: Decreased hospitalization rates, improved patient self-efficacy and quality of life measures

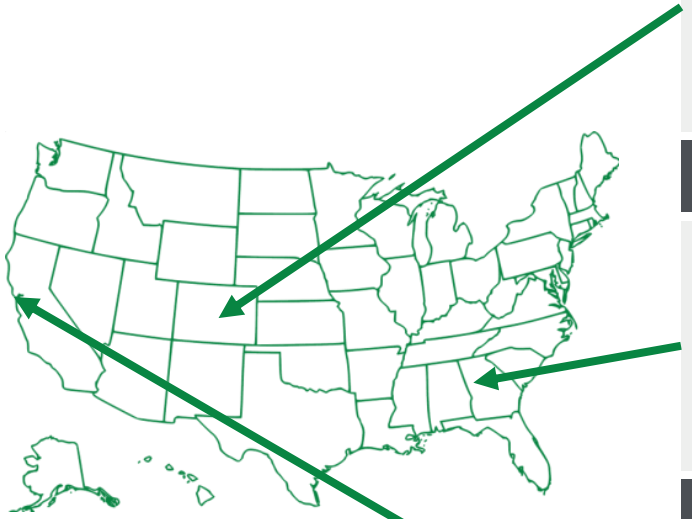
Camden, NJ – Camden Coalition

- Caters care to complex health and social needs of community
- Care bridges clinical treatment with community resources, focusing on patients with higher rates of hospital/ER utilization
- Result: 56% reduction in hospital readmissions through targeted care coordination

Pittsburgh, PA – The Bradley Center

- Non-profit offering child welfare, youth behavioral health care, and on-site education to children with behavioral challenges
- Results: Students achieve a 99.9% success rate in home school districts after 1-1.5 years in the program; builds healthy, trusting relationships between children, therapists, and unit staff

Success stories of trauma-informed care



Denver, CO – Caring for Denver

- Invested more than $13.5 million into expanding culturally-rooted mental health programs for Latine immigrant youth and marginalized communities
- Result: Improvements and focus on cultural responsiveness led to reduced stigmas in the communities and strengthened family resilience

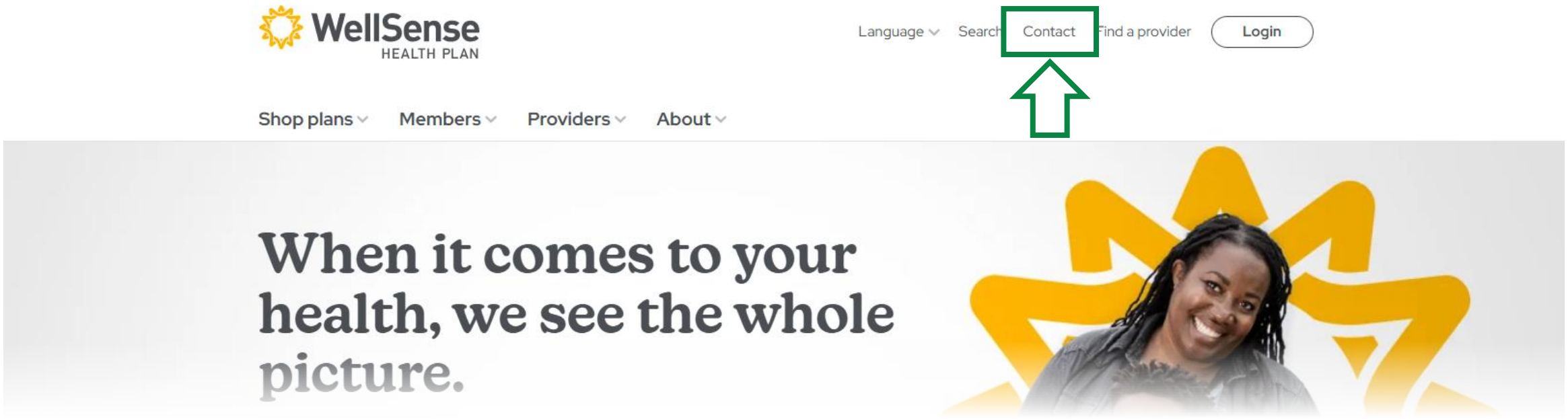
Atlanta, GA – Grady Memorial Hospital

- Provides holistic treatment to young gunshot victims
- Embeds social workers and community groups at beside to address root causes of youth violence (housing, emotional distress)
- Result: Only 3% of gunshot patients who participated in the program are reinjured, compared to national rate of nearly 30%

Oakland, CA – Kaiser Permanent ACE Initiative

- One of the largest investigations of adverse childhood experiences (ACEs), examining childhood abuse, neglect, and household challenges
- Tailored intervention strategies/screenings address root causes of chronic conditions
- Result: 22% improvement in overall patient health outcomes

Contact us



For more information about WellSense plans, benefits, and services, go online to WellSense.org, and click Contact in the top-right corner.

You will find contact information to learn more about how WellSense supports members and providers, along with hotlines including those for nurse advice, and mental health and substance use.



Congratulations!

You now know how trauma-informed care can lead to stronger, more equitable health outcomes for communities across the country.

We hope you use this knowledge to shape your own healthcare strategies, support your community, and create pathways to more equitable and responsive care that meets the needs of our members.