Reducing Stigma through Trauma- and Violence-Informed Care: Practical Applications in Family Violence, Sexual Health and Harm Reduction

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Acknowledgements

- We would like to acknowledge that this hotel is located on unceded Indigenous lands. The **Kanien'kehá:ka Nation** is recognized as the custodians of the lands and waters on which we gather today. Tiohtiá:ke/Montreal is historically known as a gathering place for many First Nations.

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Session outline

- Introductions
- Overview of trauma and impacts on health
- Exploring the link between stigma and trauma
- Understanding TVIC
- VEGA: Integrating TVIC into family violence guidance & curriculum
- Group activity: Case scenario and discussion
- TVIC Walkthrough: Integrating TVIC into practice, policy and research
- Group report back

Trauma and Violence 101

An Overview of Key Ideas

Marilyn Ford-Gilboe, PhD, RN, FAAN, Professor, School of Nursing, UWO

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What is Trauma?

- **Trauma** is the experience of, and response to, a negative event or events that threaten the person's safety, life, or integrity (and overwhelm their ability to cope)
- *More than everyday "stress"* – Post-traumatic stress (PTS) is an *expected* response to significant threat
- Includes responses such as *shock, terror, shame, and powerlessness*

Many Examples of Traumatic Events

Interpersonal Trauma

- Child abuse and neglect
- Abandonment
- Sexual assault
- Intimate partner violence
- Sudden Death of a loved one
- Torture or confinement
- Elder abuse

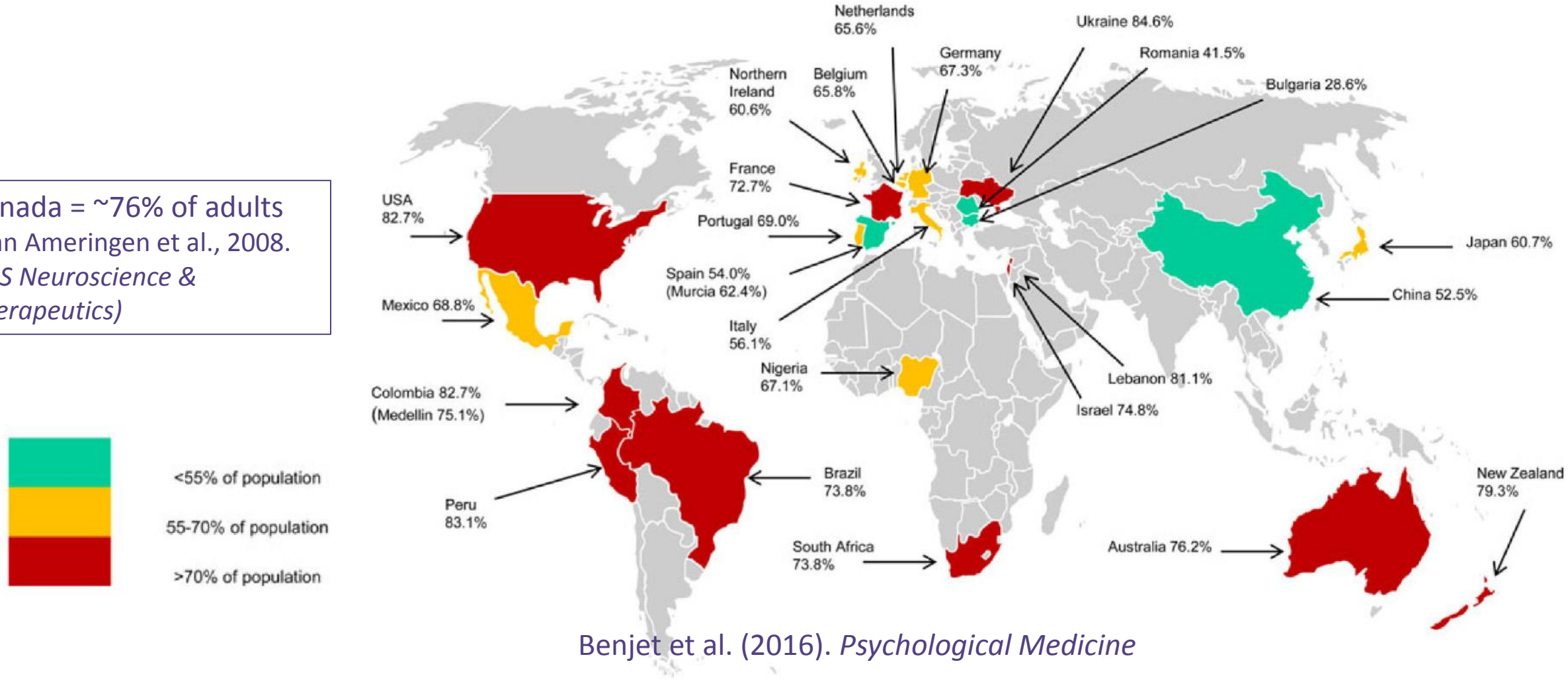
Situational Trauma

- War
- Being a victim of crime
- Unexpected job loss
- Being a refugee
- Extreme poverty
- Homelessness
- Natural disasters
- Accidents

Historical trauma (e.g. colonialism, residential schools).

Trauma is a Common Experience

Canada = ~76% of adults
(Van Ameringen et al., 2008. *CNS Neuroscience & Therapeutics)*



Benjet et al. (2016). *Psychological Medicine*

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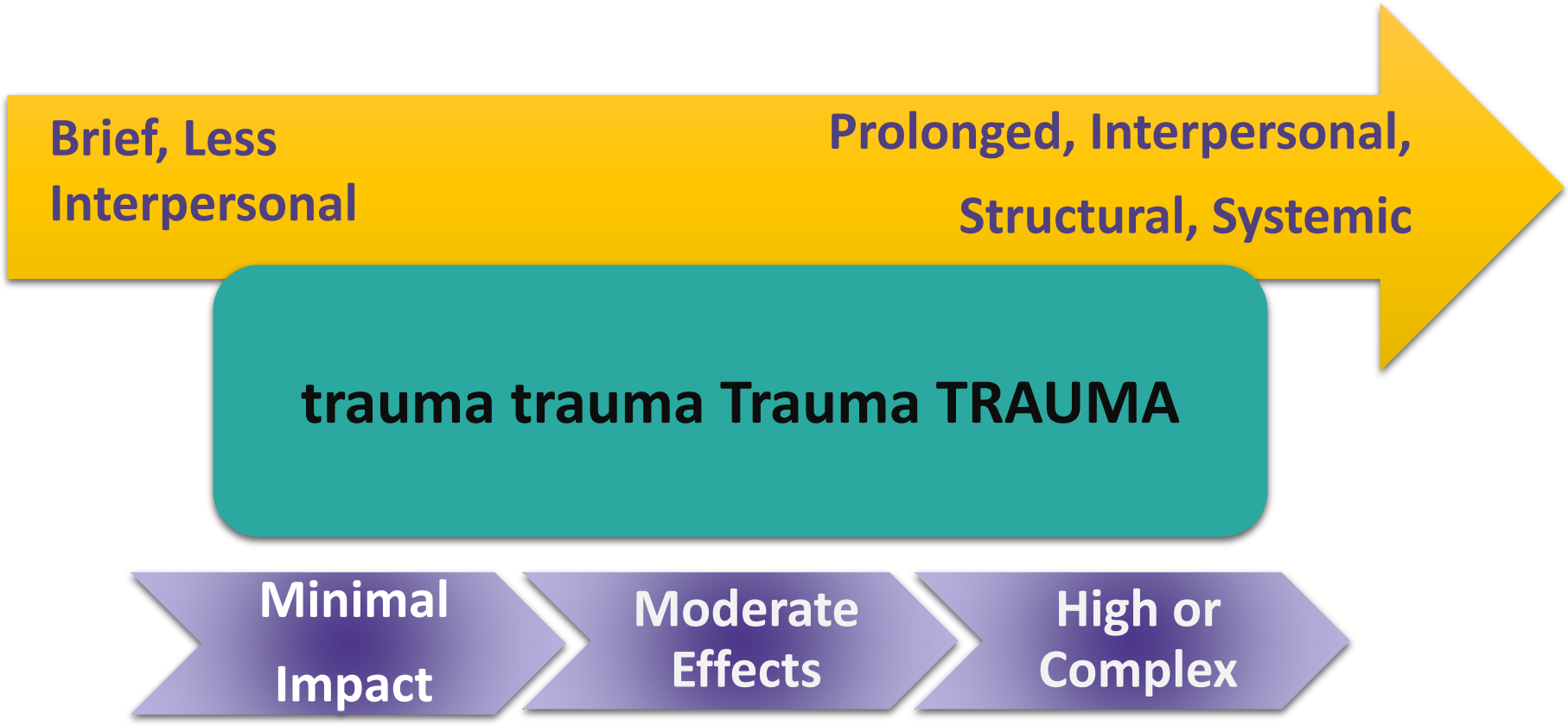
Post-Traumatic Stress Varies: Simple to Complex



Canadian Mental Health Association
Mental health for all

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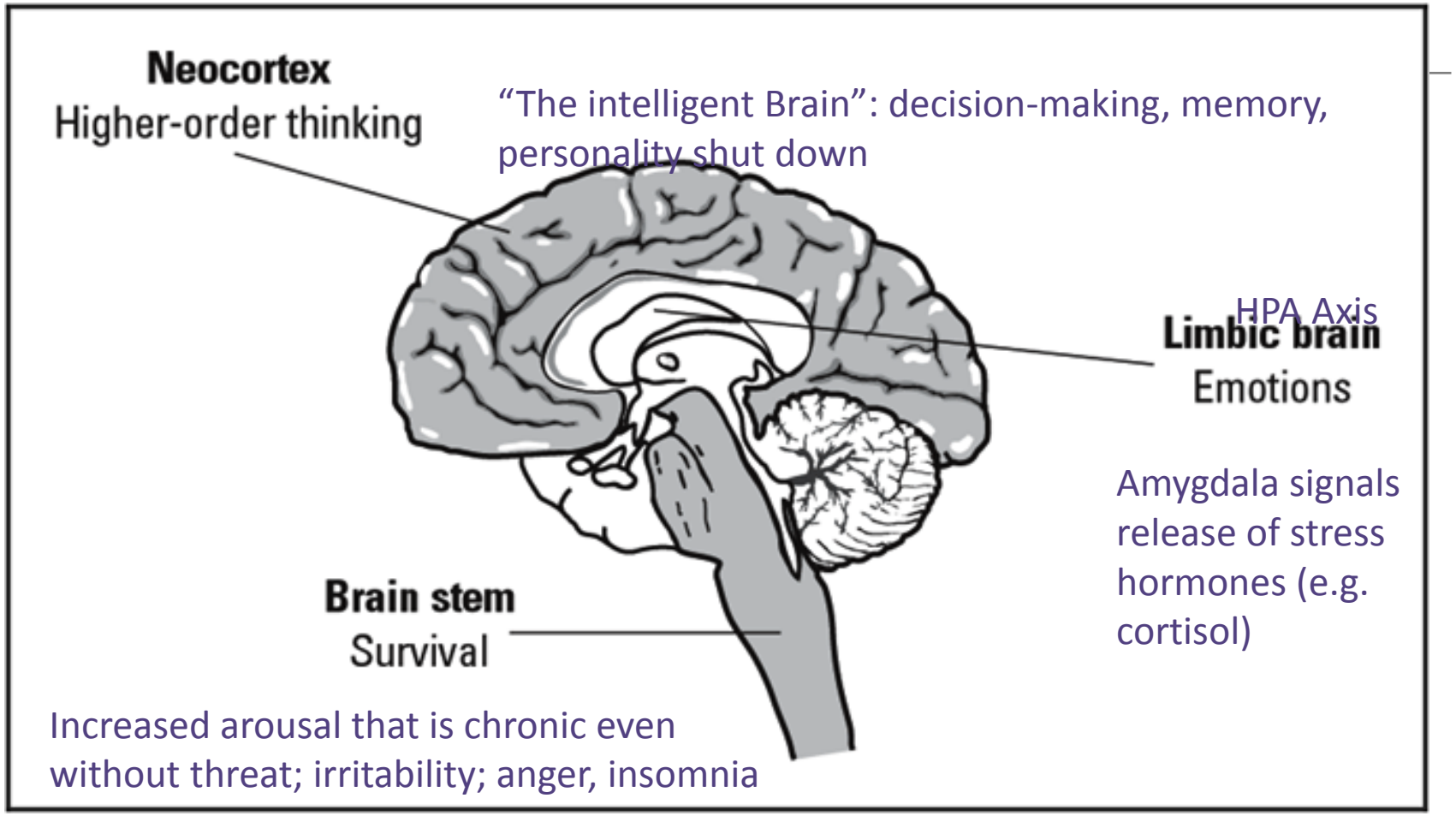
Interpersonal Violence: A Unique Type of Trauma

- Abuse of power and violation of trust in important relationships - deep impacts that can change beliefs
- Often ongoing (chronic experience)
- Risk of physical injury, harm, death – safety is NB
- Experiences are *gendered*:
  - Social norms about gender have strong impact on how violence is expressed, experienced and understood
  - Different rates and underlying dynamics in men and women and across identities
  - Responses (e.g. help seeking) also differ

Traumatic Stress Reorganizes the Brain



Decreased activity in Neocortex,
Chronic hyper-arousal ("Brain Stem Driven")

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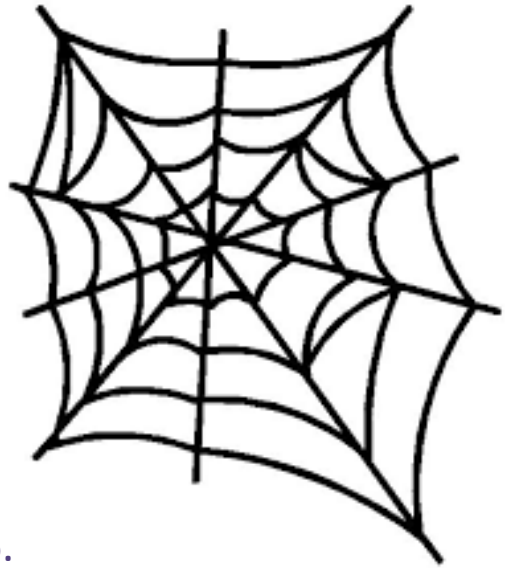
Complex Post-Traumatic Stress

- Regulating Emotions (e.g. persistent sadness, suicidality, anger)
- Consciousness (e.g. forgetting or reliving, detachment)
- Self Perceptions (e.g. shame, guilt, stigma, helplessness)
- Distorted Perceptions of Perpetrator (e.g. all powerful)
- Difficulty in Relationships (e.g. mistrust, isolation)
- Meaning and Beliefs (e.g. hopelessness, despair)

(Based on the National Center for PTSD (US)'s definition by Dr. Judith Herman)

Risk for Post-Traumatic stress Across the Life Course: A Complex Web

- Genetics and Gene-Environment Interactions
- Epigenetics (e.g. changes to DNA)
- Early Life Experiences (increased sensitization to later events)
- Social disadvantage (greater exposure to adversity and stress and future trauma)
- Type and/or Severity of the Trauma(s)
- Community factors, such as social cohesion



Fink & Galea (2016). *Current Psychiatry Reports*, 17(5), 566.

Trauma and Violence Increase the Risk of Poor Health

- Increased risk of many chronic diseases across systems such as: Chronic pain, hypertension, Type 2 Diabetes, Arthritis and Musculoskeletal Disorders

- Concurrent increased risk of mental health problems, particularly PTSD, depression, anxiety disorders, suicidality

- Potentially harmful Health Behaviors (substance use, smoking)

Cumulative Life Course Effects of Adverse Childhood Experiences (ACEs)

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

ACE score of 6+ died nearly 20 years earlier

Felitti & Anda, 2010

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Understanding the link between trauma and stigma

Rachel MacLean, Senior Project Officer, Canadian Public Health Association

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Stigma defined

- Perceived stigma: an individual's awareness of negative societal attitudes, fear of discrimination and feelings of shame.
- Internalized stigma: an individual's acceptance of negative beliefs, views and feelings towards the stigmatized group they belong to and oneself.
- Enacted stigma: encompasses overt acts of discrimination, such as exclusion or acts of physical or emotional abuse; acts may be within or beyond the purview of the law and may be attributable to an individual's real or perceived identity or membership to a stigmatized group.
- Layered or compounded stigma: the stigma experienced by a person holding more than one stigmatized identity (e.g., HIV positive serostatus, sexual orientation, ethnicity) may be exacerbated.
- Institutional or structural stigma: stigmatisation of a group of people through the implementation of policy and procedures.

Adapted from:
Stangl A, Brady L, Fritz K. Measuring HIV stigma and discrimination: STRIVE Technical Brief. STRIVE, July 2012.
Loutfy MR, Logie CH, Zhang Y, Blitz SL, Margolese SL, Tharao WE, et al. Gender and ethnicity differences in HIV-related stigma experienced by people living with HIV in Ontario, Canada. PLoS ONE 2012;7(12):e48168.
Corrigan PW, Markowitz, FE, Watson AC. Structural levels of mental illness stigma and discrimination. Schizophrenia Bulletin 2004;30(3):481-491.

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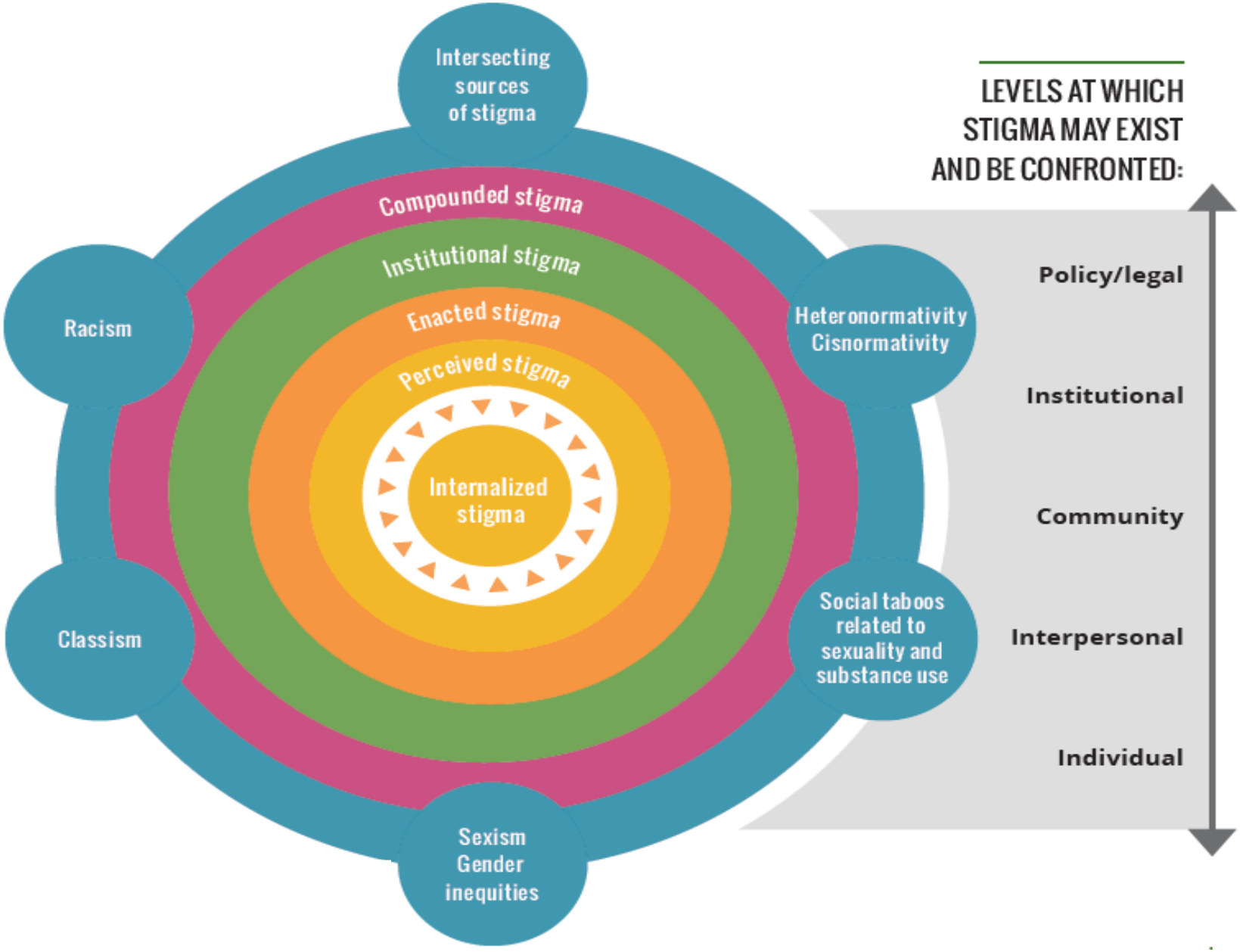
Stigma defined



Adapted from:
Churcher S. Stigma related to HIV and AIDS as a barrier to accessing health care in Thailand: A review of recent literature. *WHO South-East Asia J Public Health* 2013;2:12-22.
Loutfy MR, Logie CH, Zhang Y et al. Gender and ethnicity differences in HIV-related stigma experienced by people living with HIV in Ontario, Canada. *PLoS ONE* 2012;7(12):e48168.
Stangl A, Brady L, Fritz K. Measuring HIV stigma and discrimination. Strive, 2012. Available at: http://strive.lshtm.ac.uk/sites/strive.lshtm.ac.uk/files/STRIVE_stigma%20brief-A3.pdf.

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Understanding the drivers and impacts of stigma

There's a lot of judgment about what it means about a person's personality or worth as a person if they get an STI, especially if you're like around herpes, its super stigmatized. It's like a comment on everything that you may achieve in life if you get herpes (Client, 2016).

I really think that if you need needles you should be able to get them on the weekends, this whole building locks up on the weekend, and nobody can get clean needles (Client, 2016).

…because it's bad enough trying to convince yourself to go in let alone going in and having the people be brutal to you and take a long while and, like, they're really, really rude sometimes (Client, 2016).

Even the forms that you fill out, as in the intake forms, I never see my gender identity or sexual orientation reflected on those forms nor is there even a blank space where I could fill it in (Client, 2016).

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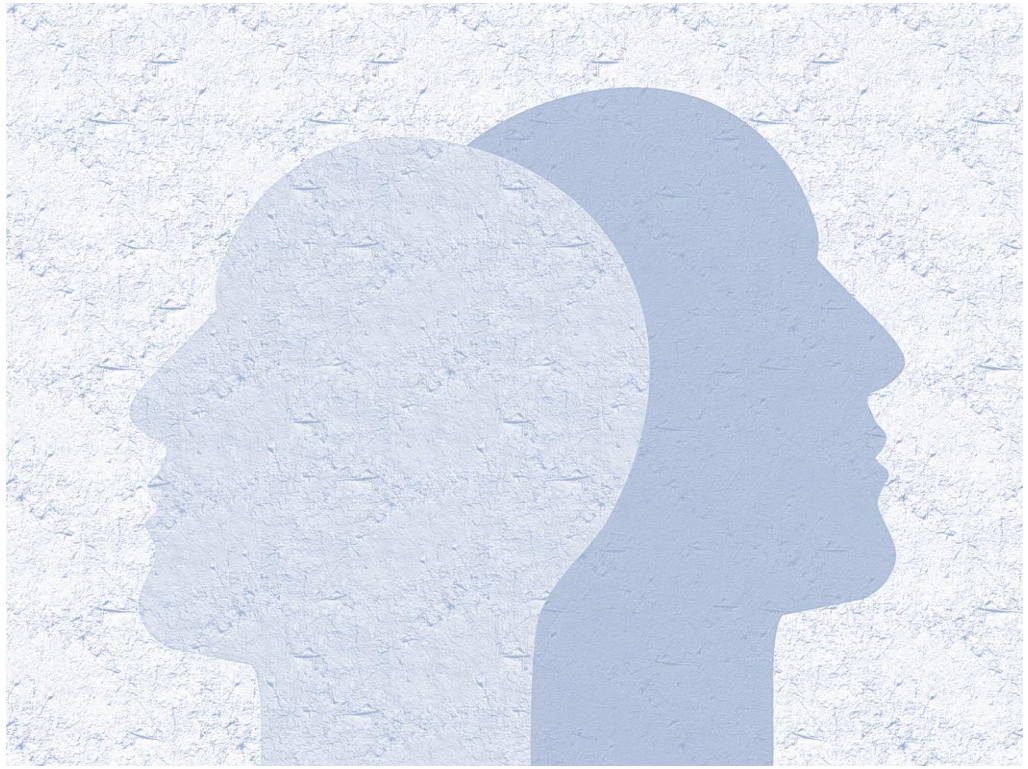
Intersections between Trauma and Stigma

- Marginalized populations disproportionately bear the burden of trauma and stigma due to deeply entrenched structural inequities.
- Experiences of stigma within health and/or social service settings can be (re)traumatizing.
- Ongoing experiences of structural stigma (e.g., racism, cisnormativity, heteronormativity) can be traumatic.
- Experiences of trauma and ways of coping are often stigmatized.



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Why TVIC?

- TVIC recognizes the intersection between trauma and many health and social issues (including STBBIs) thereby removing some of the stigma attached to STBBIs, sexuality and substance use.
- TVIC encourages the disruption of power imbalances within health and social service settings; this is important for groups that have historically been disempowered and marginalized due to (real/perceived) membership with a stigmatized group
- By adopting a TVIC approach, service settings can become more aware of potential drivers of stigma and strategies to reduce stigma.

Why TVIC?

Colleen Varcoe, RN, PhD
University of British Columbia

Trauma- and violence-informed care

- Builds on trauma-informed care
- Goes beyond individual pathology
- Takes ONGOING (as well as historical) violence into account
- Takes structural violence (e.g. systemic racism, poverty, stigma, discrimination) into account

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A woman goes to the ER for the 3rd time this month complaining of “vague” abdominal pain. No organic cause is found.

What often happens

- Providers assume that she is “drug seeking”, attention seeking, has underlying mental health problems
- Redirect her to her primary care provider (dismiss her)

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TVIC

- Question the root cause of her pain
- Explore her safety and history of pain
- Acknowledge her pain as real
- Discuss non-narcotic alternatives for pain

A physician is frustrated with a woman who has not had a routine PAP test in 8 years. She repeatedly makes and cancels or misses appointments.

What usually happens

- Assure her that the procedure is routine, fast, and has few risks but many benefits
- Note that missing appointments is against clinic policy and isn't fair to others
- Charge a "no show" fee

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TVIC

- Talk to her about her comfort/discomfort
- Suspect a hx of violence/trauma?
- Take it slowly – don't push and be prepared to back off
- Initiate grounding exercises or other comfort measures

An Indigenous man present in a primary care clinic with slurred speech and an uneven gait; he is agitated

What often happens

- Staff assume he is drinking
- Police are called as staff fear he will become violent

TVIC

- Staff assume he may have a history of trauma and may have experienced dismissal
- Staff work to reassure him and take his symptoms seriously
- Diverse explanations (e.g. stroke) are considered for his neurological symptoms

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"[some settings] are not very accessible places. They're worse than doctor's offices in my own personal experience. They're stuffier, and you know, everybody from receptionists to everybody's outfits are perfect… they make a lot of money so they usually look really nice and you send in one of my guys in there—messes up the whole atmosphere."

Social Service Worker

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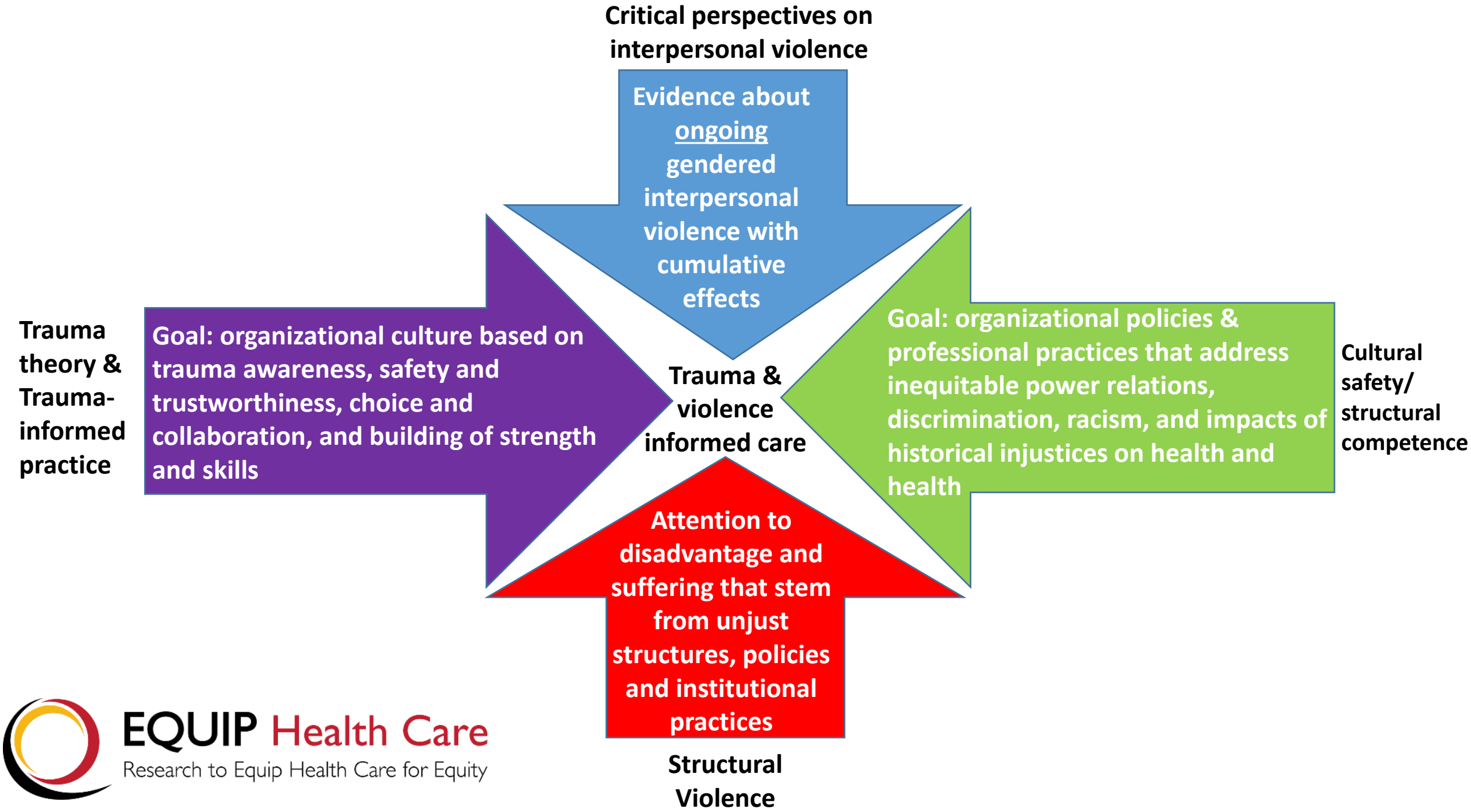

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From TIC to TVIC - How the "V" shifts the lens

- Extends TIC to bring attention to:
  - broader social conditions impacting people's well-being
  - ongoing violence, including systemic/historical violence
  - discrimination & harmful practices embedded in the ways systems & people know/do things (i.e., "structural violence")
- Responses to trauma/violence are ***expected*** effects of highly threatening events
- Shifts the focus from "what's wrong?" (in the person's head), to "what happened, and is still happening?" (in the person's life)
- Acknowledges that interpersonal violence (e.g., IPV and child maltreatment) are complex and often chronic forms of trauma – different from other traumatic experiences

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Trauma-Specific Care

Specialized health services delivered by practitioners who have expertise & skills in all stages of trauma treatment

Focuses *directly on the trauma* itself and on step by step trauma recovery using evidence-based approaches e.g. trauma-focussed cognitive behavioural therapy (CBT) or EMDR

Trauma-Informed Care

Universal approach for use in all services settings (not only health care)

Focuses on *understanding the impacts of trauma* and creating *environments that promote emotional and physical safety* for all

May reinforce ideas that trauma exists in the minds of *individuals*

TVIC is a Core Component of Equity-Oriented Care

10 Strategies to Guide Organizations in Enhancing Capacity For Equity-Oriented Services

- Explicitly commit to equity
- Develop supportive organizational structures, policies, and processes
- Re-vision the use of time
- Attend to power differentials
- Tailor care, programs and services to local contexts
- Actively counter racism and discrimination
- Promote meaningful community + patient engagement
- Tailor care to address inter-related forms of violence
- Enhance access to the social determinants of health
- Optimize use of place and space

Practical Definition of TVIC

- Policies and practices that focus on preventing harm by creating safe environments for people who have experienced (and may still be experiencing) violence and trauma
- "Universal Precautions" – disclosure or knowledge of a history of trauma/violence is not necessary – improves care for all
- Accountability at the organizational and individual provider level

Principles of TVIC

1. Be trauma and violence aware (prevalence and effects)
2. Create safe environments
3. Foster client choice, collaboration, connection
4. Adopt strengths-based and capacity-oriented approaches (for clients and staff)

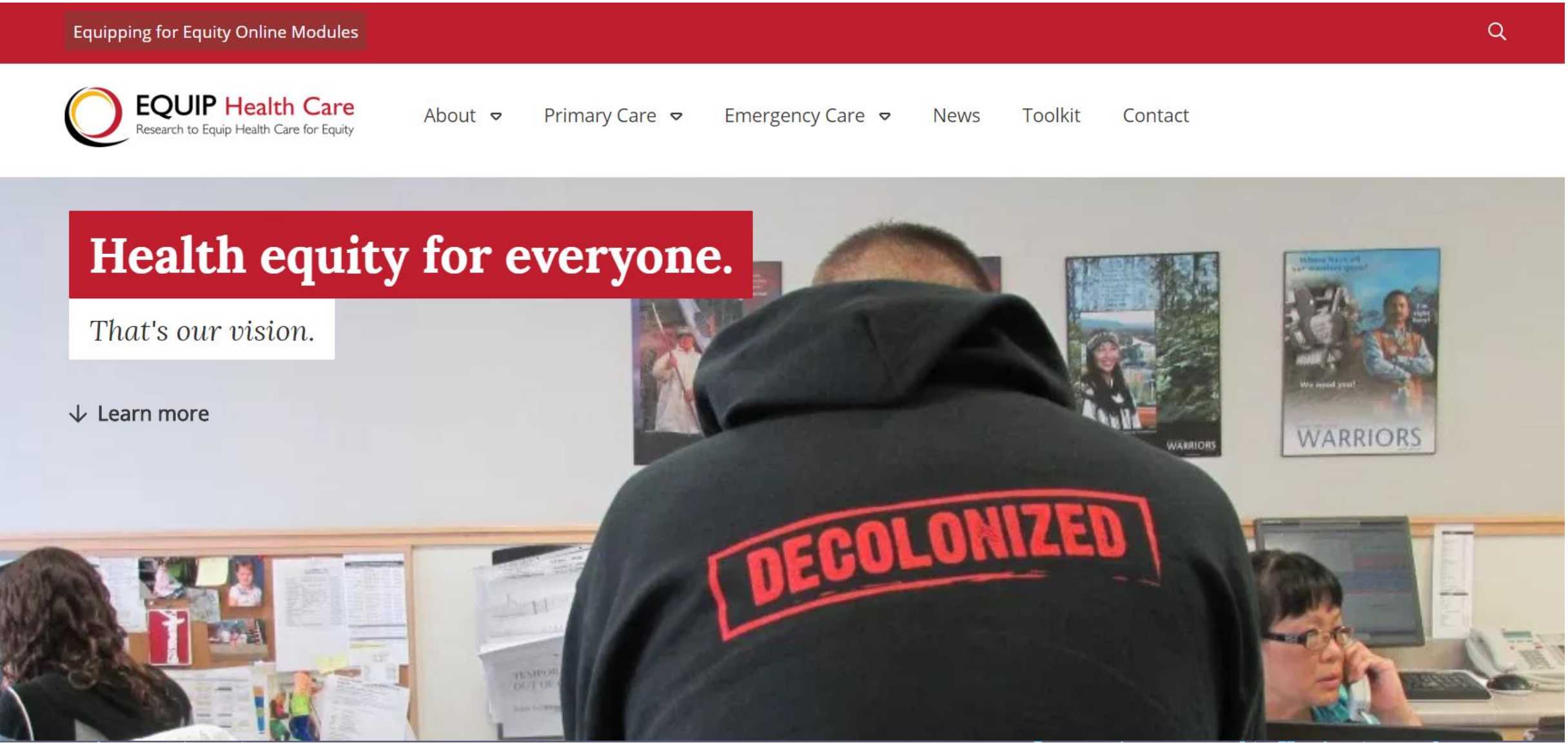
Culturally Safe Environments: Cultural Safety

Focuses on how discrimination, racism, exclusion and collective history shape health and care

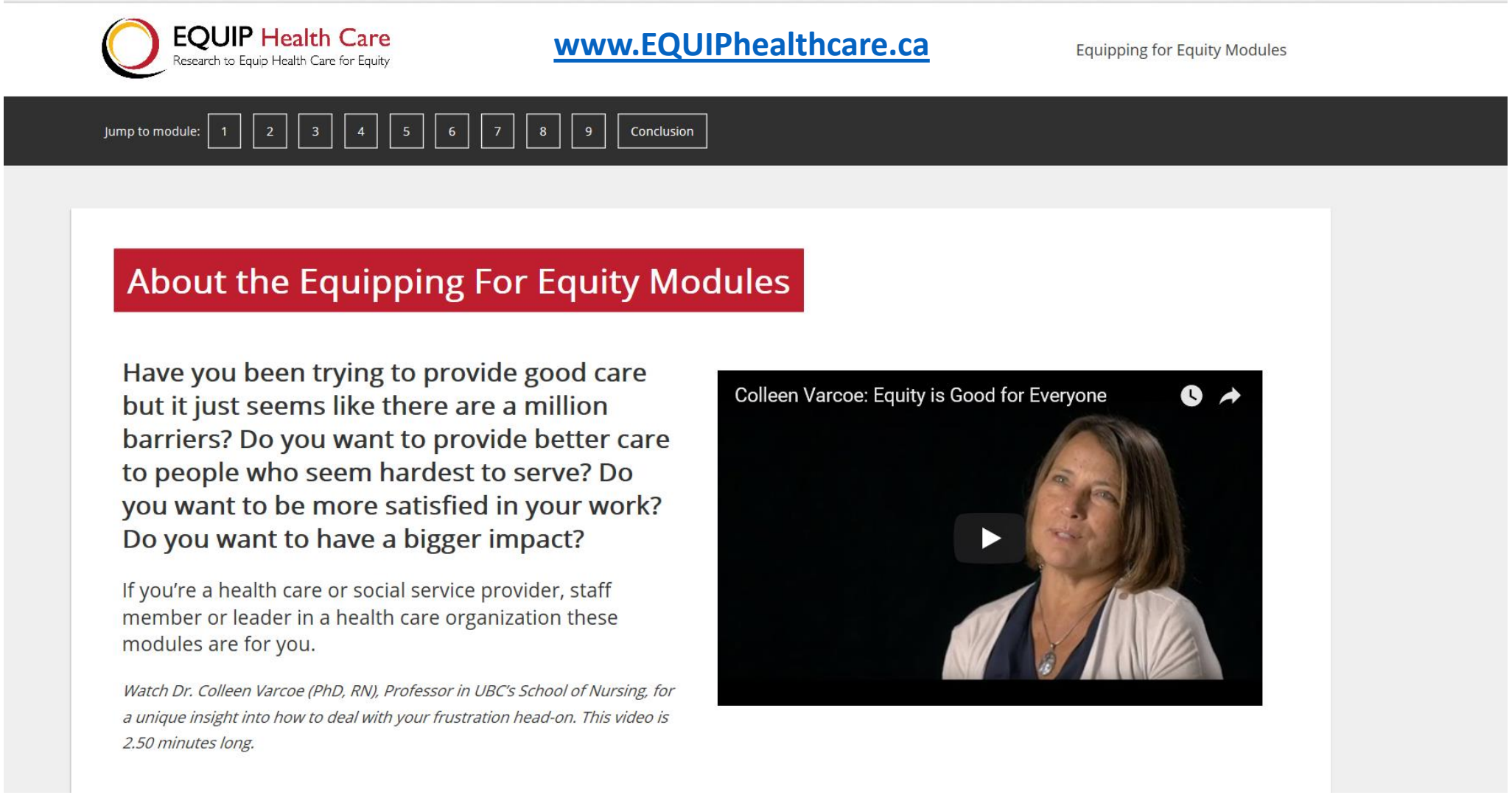
- Challenges organizations & providers to examine biases and assumptions about groups that are operating in policies/practices, and their impacts
- Requires creating safe, respectful, welcoming spaces
- Acknowledges historical and collective histories in policies and practices
- Seeks authentic partnerships
- Seeks opportunities for shared power and decision-making

Vicarious Trauma, Self-Care and “Cultures” of Support

- Also known as secondary traumatic stress (STS) or compassion fatigue (CF), vicarious trauma is a negative reaction to trauma exposure that can include: *withdrawal, mood swings, cynicism, sleep problems, relationship difficulties/aggressi*on
- Prevention: build a culture of support and self-care
- Recognize the signs – act early and appropriately
- Adopt a stance of cultural humility and develop cultural competence



https://equiphealthcare.ca



Freely available modules provide **low-cost, high-impact strategies** to help organizational leaders and care providers implement equity-oriented, trauma- and violence-informed care.

These strategies are designed to be **feasible**, **easy to implement** & **tailorable to a range of health & social service contexts.** It's a **win-win-win** for you, your clients and your organization!

Module 1: What is Equity-Oriented Health Care

Module 2: The Key Dimensions of Equity-Oriented Health Care

Module 3: Trauma-and-Violence-Informed Care (TVIC)

Module 4: Cultural Safety

Module 5: Harm Reduction

Module 6: Bringing It All Together

Module 7: Enhancing Equity by Leveraging Disruption

Module 8: Measuring Equity

Module 3

Trauma-and-violence-informed care (TVIC): Making care safe for all

Welcome to Module 3. This Module takes roughly 25 minutes to complete, not including the additional TVIC Workshop Videos (times of each video listed below). Here is what you'll find in this module:

1. An introduction to bringing the "V" into trauma-informed care.
2. A video discussing why the "V" is needed.
3. A discussion of structural violence.
4. A discussion of preventing, recognizing and dealing with vicarious trauma.
5. A tool to help you build TVIC into your practice.
6. Tools that outline the top things any practitioner and organization can do to support people experiencing violence.

Keep in mind the following learning objectives for this Module, as there will be knowledge testing questions at the end:

1. To understand what TVIC is and why it's essential to equity-oriented health care.
2. To distinguish TVIC from TIC

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Trauma-and Violence-Informed Care (TVIC)

A Tool for Health & Social Service Organizations and Providers

People who have experienced trauma likely have experienced boundary violations and abuses of power.

- They need to feel physically and emotionally safe
- May currently be in unsafe relationships (ongoing violence)
- May live in unsafe conditions (e.g., racism, poverty)

What can providers do?

Trauma-informed care seeks to ***create safe environments*** for clients based on understanding the effects of trauma and links to health and behavior

Trauma-and Violence-Informed Care (TVIC) expands this concept to account for intersecting effects of systemic and interpersonal violence[5]

Healthcare professionals who are aware of trauma and violence in the populations they serve can ***help clients to feel safe*** in the care environment[5]

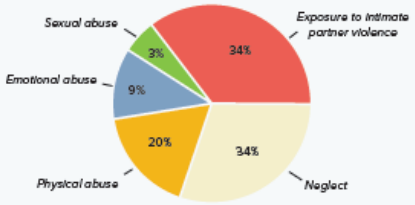
Professionals who practice TVIC report ***higher morale and job satisfaction*** and increased collaboration with clients[4]

What can organizations do?

Organizations can enable TVIC by:

- Ensuring ***staff can access and take part in training*** to enhance their knowledge, skills and awareness about trauma and violence.
- Ensuring ***staff are supported to remain healthy*** while working with people who experience severe trauma.
- Creating ***effective policies*** to support TVIC and manage providers' exposure to interpersonal and structural violence.

32% of adults in Canada
report having experienced some form of maltreatment as a child



Intimate Partner Violence (IPV) is:
a pattern of physical and/or sexual violence, coercion and control, linked to greater risk of injuries, poor health and death. [2]

- **4%** *of adults experienced physical or sexual assault from a partner at least once in the previous 5 years* [2]
- **4/5** *victims of IPV (reported to police) are women* [2]
- **2x** *as likely for women to experience the most severe forms of violence* [2]
- **3x** *as likely for Aboriginal women to have experienced IPV than non-Aboriginal women* [2]

Other links to experiences of violence[4]

Trauma and Violence Informed Care (TVIC)
This tool offers actions you can take to implement TVIC in your health care practice or organization. Harm reduction, cultural safety, and trauma and violence informed care (TVIC) are interrelated concepts that can help promote equity.

For other tools in the toolkit, see: https://equiphealthcare.ca/toolkit

4 Ways to Work in a Trauma and Violence Informed Way

1 Build your awareness and understanding

All services taking a trauma-and violence-informed approach begin with building awareness among staff and clients of:

- The high prevalence of trauma and violence
- The significance of historical (collective and individual) and ongoing violence (interpersonal and systemic)
- How the impact of trauma can be central to one's development
- The wide range of adaptations people make to cope and survive
- The relationship of trauma and violence with substance use, physical health and mental health concerns

> "Organizations must ensure that training about trauma, violence and TVIC is accessible to staff – meaning that it is available, and they are supported to complete it both in terms of time and costs.

3 Adapt your language

Organizations can model non-stigmatizing language everywhere: from signage to EMR systems to how clients' situations are discussed by staff.

Instead of	Instead of	Instead of
"Battered woman", "abuser", "IDU", "at-risk"	"Non-compliant patient"	"she doesn't want our help"
use	**use**	**use**
"woman", "man", "people"	"unsuitable care"	"our help isn't meeting her needs"

> "Organizations must provide resources and policies to support TVIC.

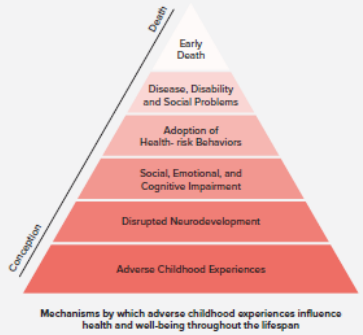
4 Consider trauma a risk factor

Women exposed to interpersonal violence ***have increased risks of chronic physical health problems*** such as chronic pain, arthritis, cardiovascular disease, sexually transmitted infections, unwanted pregnancies, viral infections and gastrointestinal problems, substance use and mental health problems, especially depression and post-traumatic stress disorder (PTSD).[8,9]

People who experienced abuse and neglect in childhood are at ***higher risk of chronic diseases*** such as heart disease, cancer, chronic lung disease, obesity, high blood pressure, high cholesterol, and liver disease[9,10], and adverse mental health experiences.[9,11]

People who experienced abuse and neglect in childhood ***have increased risk of smoking, heavy drinking and drug use, and high-risk sexual behaviours.***[9,12]

Experiences of interpersonal violence, racism and discrimination can ***change neurobiological patterns and genetic structures that affect mental and physical health.*** [13]



Mechanisms by which adverse childhood experiences influence health and well-being throughout the lifespan

Figure 1: The ACE pyramid.

CDC (2016). Injury Prevention & Control: Division of Violence Prevention. Retrieved from http://www.cdc.gov/violenceprevention/acestudy/about.html

VEGA VIOLENCE EVIDENCE GUIDANCE ACTION

a public health response to family violence

Recognizing & Responding Safely to Family Violence

Nadine Wathen, PhD, University of Western Ontario

Harriet MacMillan, MD, McMaster University

Funded by the Public Health Agency of Canada

PreVAiL

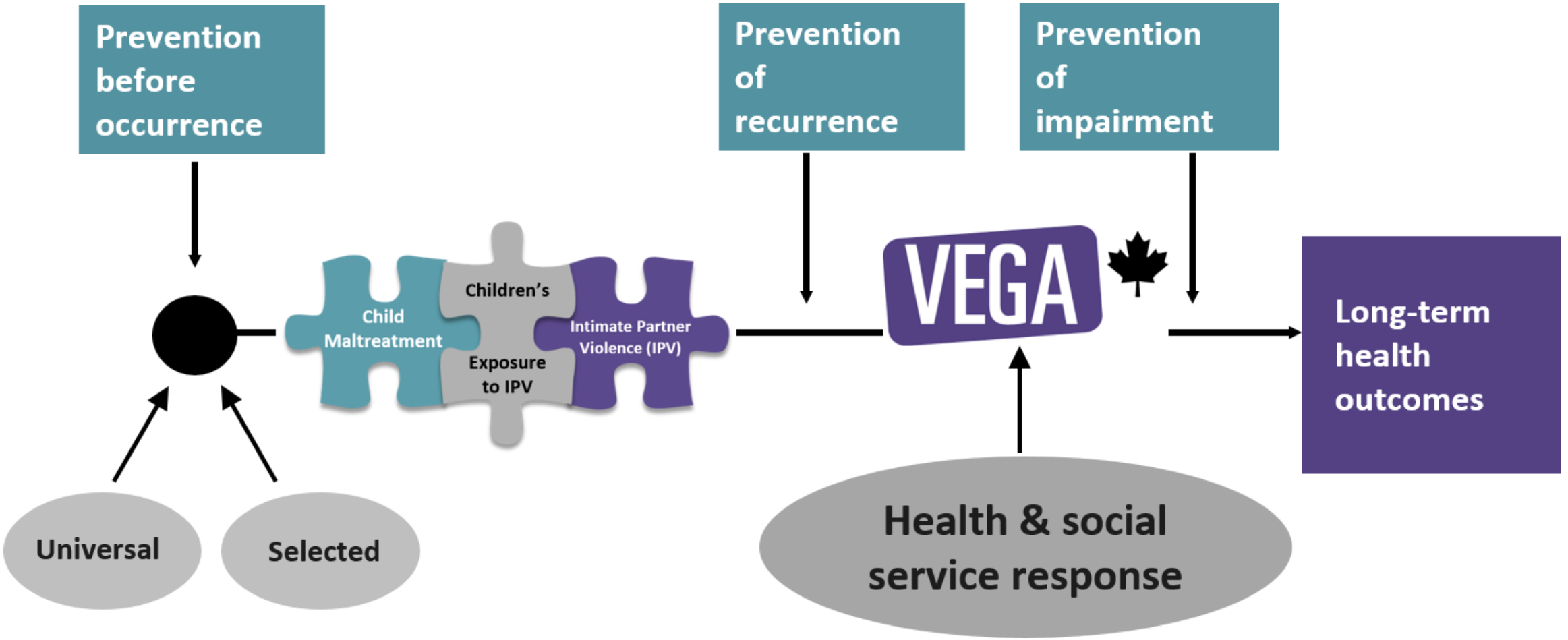
Need for evidence-based health & social service response

*We work in a busy ER. These issues take **way too long** to address, especially when there's **no privacy**! Also, we will never see the patient again so how can we develop the kind of **relationship you need** to help someone through this kind of issue.*

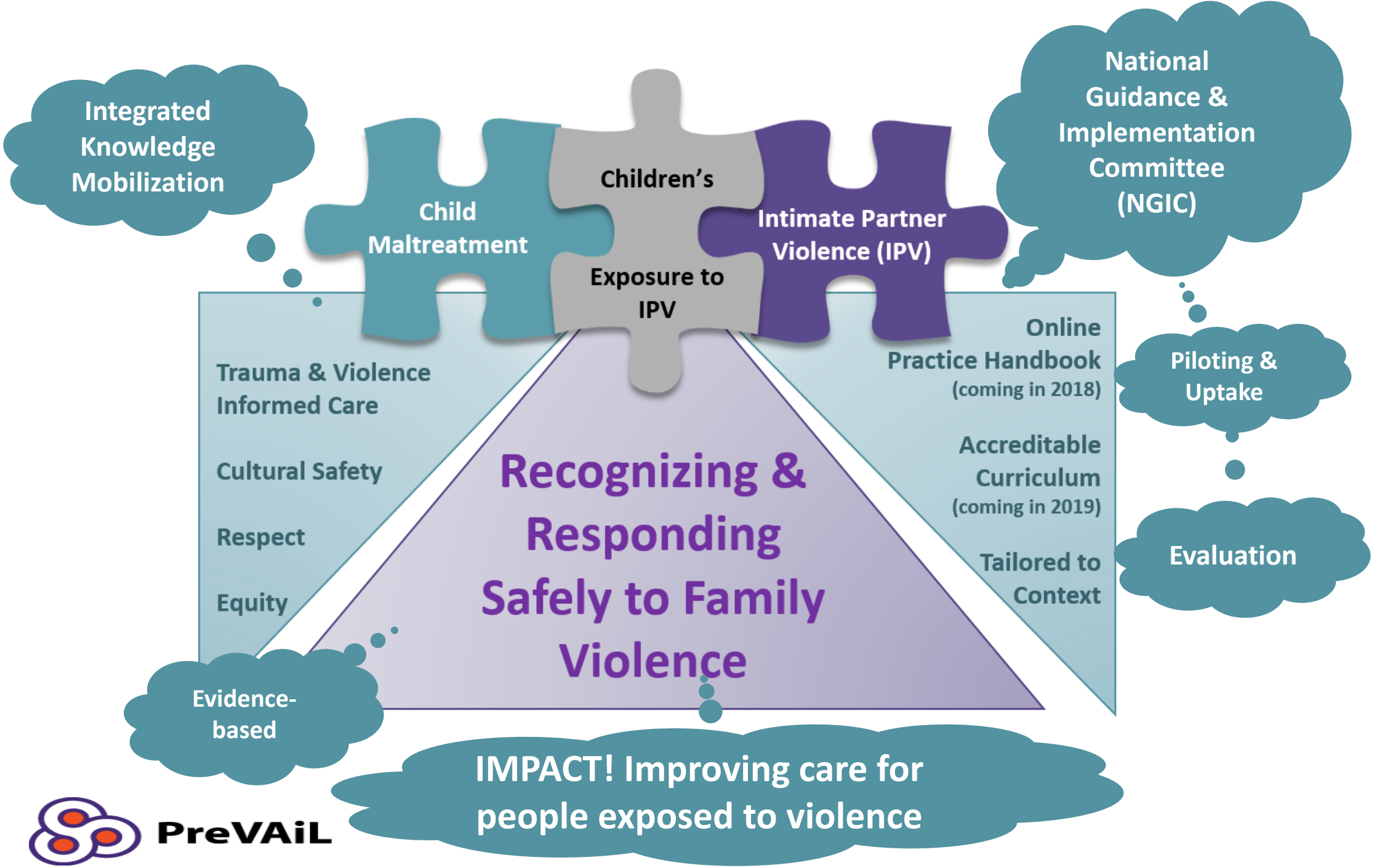
***No one taught us** in Nursing School how to help people who were being abused every day.*

PreVAiL

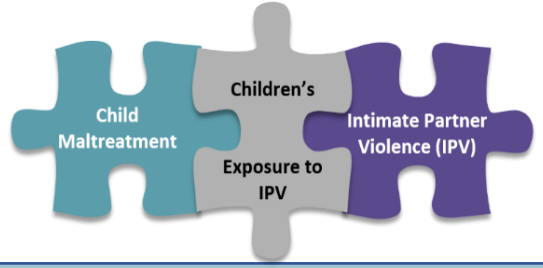
Prevention and Response



PreVAiL


Integrated Knowledge Mobilization
National Guidance & Implementation Committee (NGIC)
Child Maltreatment
Children's Exposure to IPV
Intimate Partner Violence (IPV)
Trauma & Violence Informed Care
Cultural Safety
Respect
Equity
Online Practice Handbook (coming in 2018)
Accreditable Curriculum (coming in 2019)
Tailored to Context
Piloting & Uptake
Evaluation
Recognizing & Responding Safely to Family Violence
Evidence-based
IMPACT! Improving care for people exposed to violence
PreVAiL

Integrating Evidence & Knowledge



NGIC

- Evidence review input
- Practice, system & ethical values/issues, contextual expertise

Priority Topics

1. Mandatory reporting (MR)
2. **Trauma & violence informed care (TVIC)**
3. Educational design (E/C)

ERG/PreVAiL

- Content & method expertise
- Specific expertise in priority topics

Scope 3 evidence review questions & sub-questions

Search, distill, appraise and summarize evidence

EVIDENCE REVIEW GROUPS

DRAFT Guidance (each topic, with considerations across topics to keep them linked)

NGIC

VEGA HANDBOOK, CURRICULUM

Searches of all relevant evidence (peer reviewed & grey lit) for 3 SER topics

Environmental scans of related educational tools & best practices

Summaries of evidence, guidance, practice & other considerations (issue papers & briefs)

PreVAiL

Guidance & Implementation Ctee; ERG = PreVAiL Evidence Review Groups

VEGA VIOLENCE EVIDENCE GUIDANCE ACTION
a public health response to family violence

@VEGA_Canada www.projectVEGA.ca

VEGA NGIC Leader Table in TVIC

Briefing Note
Trauma- and Violence-Informed Care

The traumatic impacts of exposure to family violence (for VEGA defined as child maltreatment, intimate partner violence (IPV) and children's exposure to IPV), have long-term effects, whether the violence itself is ongoing or in the past. When serving people who have experienced family violence, systems and providers that lack understanding of its complex and lasting impacts risk causing further harm.

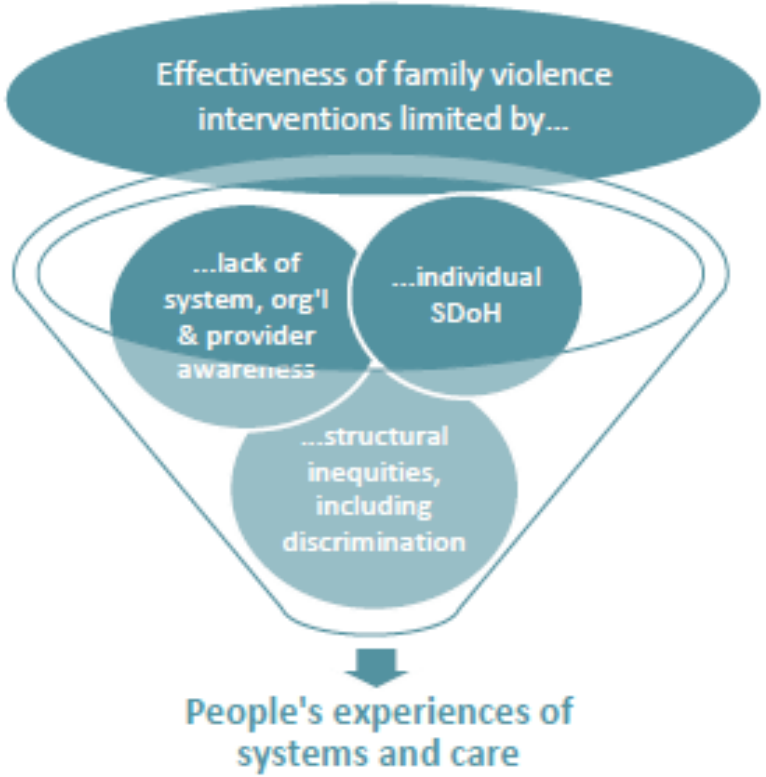
Trauma-informed care (TIC) seeks to create safety for clients/patients by understanding the effects of trauma, and its close links to health and behaviour. Unlike trauma-specific care, it is *not* about eliciting or treating people's trauma histories[1] but about creating safe spaces that limit the potential for further harm for all people (Covington 2008, Savage et al. 2007; Strand et al. 2015, Hopper, Bassuk, & Oliver 2010, Dechief & Abbott 2012).

Trauma- and violence-informed care (TVIC) expands the concept of TIC to account for the intersecting impacts of systemic and interpersonal violence and structural inequities on a person's life[2] (Elliott et al., 2005). This shift is important as it brings into focus both historical and ongoing interpersonal violence and their traumatic impacts and helps to emphasize a person's experiences of past and current violence so that problems are not seen as residing only in their psychological state (Williams & Paul, 2008), but also in social circumstances.

The main differences between TIC and TVIC are that the latter brings an explicit focus to:

- broader structural and social *conditions*, to avoid seeing trauma as happening only "in people's minds"; e.g., discriminatory systems will break the bonds of trust that need to exist in a service context;
- *ongoing violence* including "institutional violence", i.e., policies and practices that perpetuate harm

TVIC expands on TIC to bring attention to:
- broader social conditions impacting people's health
- ongoing violence, including institutional violence
- discrimination and harmful approaches embedded in the ways systems & people know and do things
- the need to shift services to enhance safety & trust

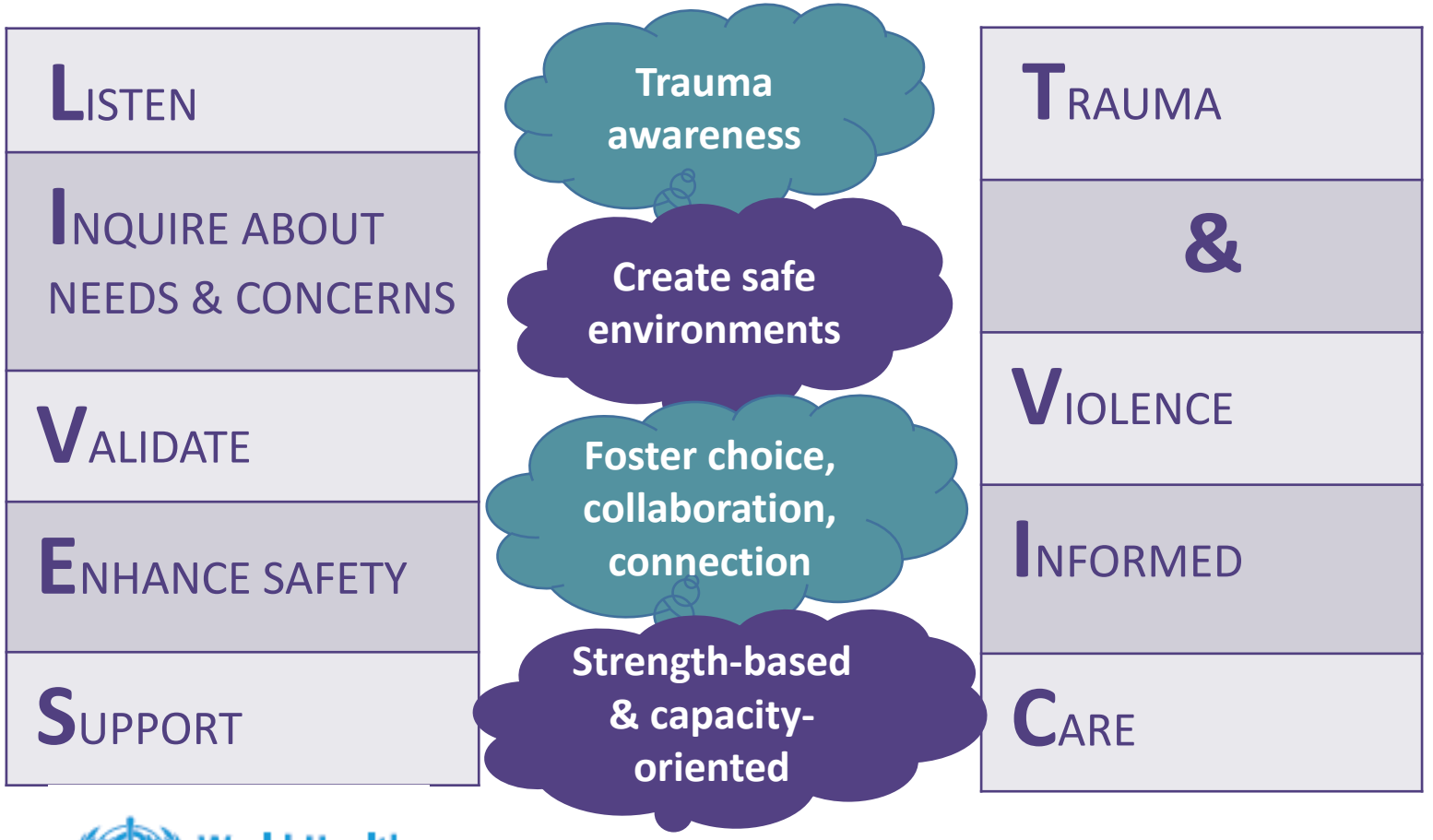


http://projectvega.ca/resources/

Principles of TVIC – Organizational and Individual Provider Levels *(adapted from Ponic et al., 2016)*

Principle	Organizational	Provider
1. Understand trauma, violence and its impacts on people's lives and behavior	• Develop structures, policies, processes (e.g., hiring practices) to build culture based on understanding of trauma and violence • Staff training on health effects of violence/trauma, and vicarious trauma	• Be mindful of potential histories and effects ('red flags') • Handle disclosures appropriately: - Believe the experience - Affirm and validate - Recognize strengths - Express concern for safety and well-being
2. Create emotionally and physically safe environments for all clients and providers	• Create a welcoming space and intake procedures; emphasize confidentiality and client/patient priorities • Seek client input about safe and inclusive strategies • Support staff at-risk of vicarious trauma (e.g. peer support, check-ins, self-care programs)	• Take a non-judgemental approach (make people feel accepted and deserving) • Foster connection and trust • Provide clear information and predictable expectations about programming
3. Foster opportunities for choice, collaboration and connection	• Have policies and processes that allow for flexibility and encourage shared decision-making and participation • Involve staff and clients in identifying ways to implement services/programs	• Provide appropriate and meaningful options/real choices for treatment/care • Consider choices collaboratively • Actively listen .....and privilege the person's voice
4. Use a strengths-based and capacity-building approach to support clients	• Allow sufficient time for meaningful engagement • Program options that can be tailored to people's needs, strengths and contexts	• Help people identify strengths • Acknowledge the effects of historical and structural conditions • Teach skills for recognizing triggers, calming, centering (developmentally appropriate)

Recognizing & Responding Safely



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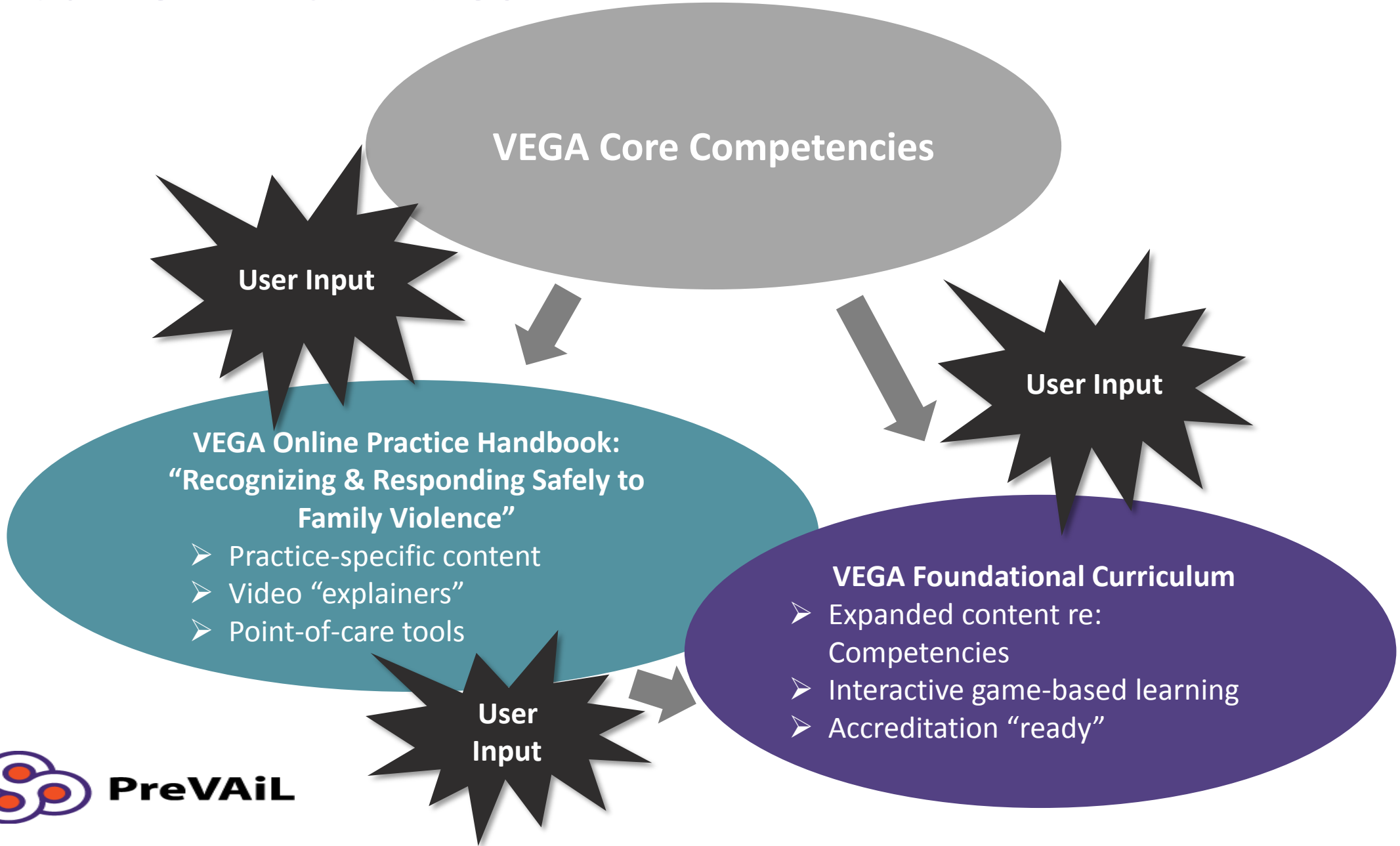

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Questions/comments?

Activities

1. Case scenario and discussion

- Form groups based on your professional role: frontline service provider, policy/advocacy, program evaluation/intervention research, or epidemiology/research
- Read through the case scenario and discuss the questions as a group

2. TVIC Walkthrough

- Use the questions on the worksheet to help you consider how you can integrate TVIC into your work; following several minutes of self-reflection, opportunity to discuss amongst your group

3. Group report-back

- Key learnings/themes? Next steps?

Thank you! Merci!

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RESOURCES:

- CPHA resources focused on stigma reduction: https://www.cpha.ca/sexually-transmitted-and-blood-borne-infections-and-related-stigma
- Project VEGA: www.projectVEGA.ca
- EQUIP Healthcare: www.EQUIPHealthcare.ca
- Equipping for Equity Modules: https://equiphealthcare.ca/modules/
- TVIC Workshop: https://equiphealthcare.ca/tvic-workshop/

EQUIP Health Care
Research to Equip Health Care for Equity

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