A large, dark, stylized graphic of a human figure, possibly representing a patient or a person in need of care, positioned on the left side of the slide.

The Trauma Center's Role in Addressing Social Determinants of Health—Focus on Intentional Violence and Firearm-related Injury

Ronald M. Stewart MD, FACS

July 14, 2022

Western Pediatric Trauma Conference

Committee on Trauma

Disclosure



Previous Medical Director of Trauma Programs for the
American College of Surgeons



Thank You



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Our focus will be squarely on how the health professions might provide better care for victims of violence and also how they might contribute to the prevention of violence...It is clear that medicine, nursing, psychology, and social service professions have been slow in developing a response to violence that is integral to their daily professional life.

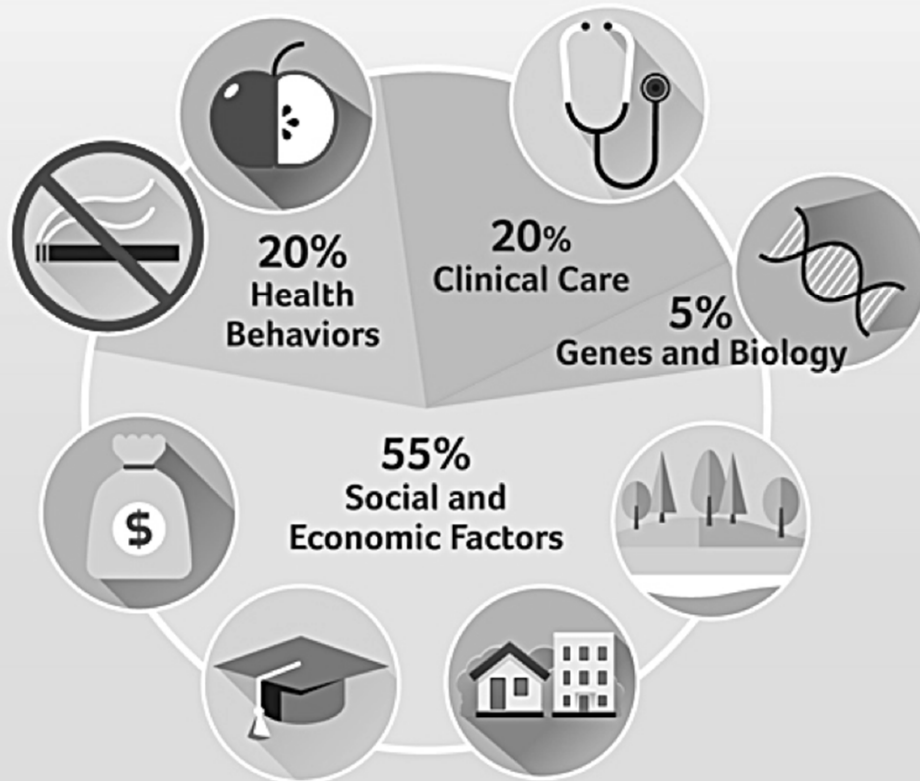


– C. Everett Koop, MD, US Surgeon General - 1985

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Health starts where we live, learn, work and play.

WHAT MAKES US HEALTHY?



Adapted from <http://www.cdc.gov/socialdeterminants/FAQ.html>



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A moment of crisis with a
lifetime of impact

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Challenges

- **Complex**
- **Multifaceted**
- **Political polarization**

A black and white photograph of a coastal landscape. The foreground is filled with dense, dark foliage. In the middle ground, the ocean stretches across the frame, with a few rocky outcrops visible on the right side. The sky is filled with large, dramatic clouds. Overlaid on the left side of the image is a large, double-lined circle containing the text "Many Concrete Steps We Can Do to Make Progress".

Many
Concrete
Steps We Can
Do to Make
Progress

Overview



- Principles
- Philosophy ➡ Stories ➡ Frame the Facts
- Quick Review of Epidemiology
- Recommendations from the ISAVE Workgroup
 - Improving Social determinants to Attenuate Violence

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COT Guiding Principles for Firearm Injury Prevention



1. A medical/public health problem-not a political problem
2. Search for evidenced based violence prevention programs to implement

561 ACS verified trauma centers in US



3. Forum for civil, collegial and professional dialogue—
 - Centered on developing consensus regarding how best to reduce firearm injuries and deaths
 - Consciously avoid forums or outlets which may lead to polarization
 - Inclusive, engagement with stakeholder groups across spectrum

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Trauma and Emergency Health System Approach to Trauma Systems



“Complex Problem Solving”

- Inclusive of *all points of view*
- Dialogue and consensus centered upon:
What is the right thing to do for the patient?
- Timely, Structured, **Cooperation and Communication**
- **Bias for action**

Freedom with Responsibility: A Consensus Strategy for Preventing Injury, Death, and Disability from Firearm Violence



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Philosophy

Stories

Facts

Polar Beliefs Lead to Polar Stories

40:40:20 Problem

Freedom and Benefit of Firearms?

(AAST/EAST Members 2018)

- 36% Beneficial/critical liberty/right
- 8% Generally beneficial/important liberty
- 20% No strong opinion/uncertain
- 26% Generally harmful/limits liberty
- 10% Harmful/critically limits liberty

} 44%

} 36%



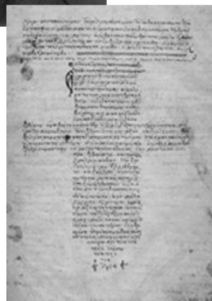
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Philosophy

Core of the Profession

- We dedicate ourselves to the service of humanity, and most importantly we place the needs of the patient above those of the health care professional.
- We will base our knowledge and actions on objective scientific truth as best we can determine it.

Richard Moulton, 1999 Annual Meeting of the Trauma Association of Canada.



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Two Conflicting Philosophies & Stories

Freedom, Protection and Violence



- Two contrasting narratives regarding firearms
- Guns = Protection & Freedom
- Guns = Violence and Limitation of Freedom



NRA

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Firearm and Violence Narrative

- Firearms generally harmful
- Generally unnecessary in civil life
- Decrease personal liberty because of increased risk of harm
- Emblem of violence
- **Gun Control translates to Violence Control**

"The time is now for political differences to be set aside, for polarizing and incendiary language to be avoided and for our energies to be devoted to thoughtful policy development and specific actions in the context of a public health model."

Common American Narrative

Inclusive of the Two Conflicting Narratives

- Liberty protected by the US Constitution
- Violence major cause of preventable death & suffering
- Significantly reduce death and disability by:
 - Working together
 - Understand & address underlying causes of violence
 - Make firearm ownership as safe as possible



Firearm and Freedom Narrative

- Firearms generally beneficial
- Necessary for personal protection and safety
- Protected, Constitutional right
- Emblem of freedom
- **Gun Control translates to Freedom Control**

"We all own the epidemic of violence in America and courageous leadership is needed. Firearm owners, those who don't own firearms, advocacy groups across the spectrum, the faith community...and the general public must commit to working together."

Stewart RM, Kuhls DA, Rotondo MF and Bulger EM

DOI: <https://doi.org/10.1016/j.jamcollsurg.2018.04.006>

Root Causes of Violent Intentional Injury



There are a thousand hacking at the branches of evil to one who is striking at the root...

Henry D. Thoreau,
Walden 1854

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Intentional Injury

How big is the problem?

Intentional Injury All Mechanisms



- 71,166 People Died in 2020 from Intentional Injury in US
(self harm, assault or legal intervention, acts of terrorism)
 - 195 deaths every day
 - 45,979 (64.6%) self-harm (suicides)
 - 24,292 (53%) firearm related
 - 24,576 (34.5%) assault (homicides)
 - 19,384 (78.9%) firearm related
 - 611 (0.9%) legal intervention firearm related
- 44,287 deaths of total involve firearm (62%)
- Burden of the disease is *much greater than deaths alone*

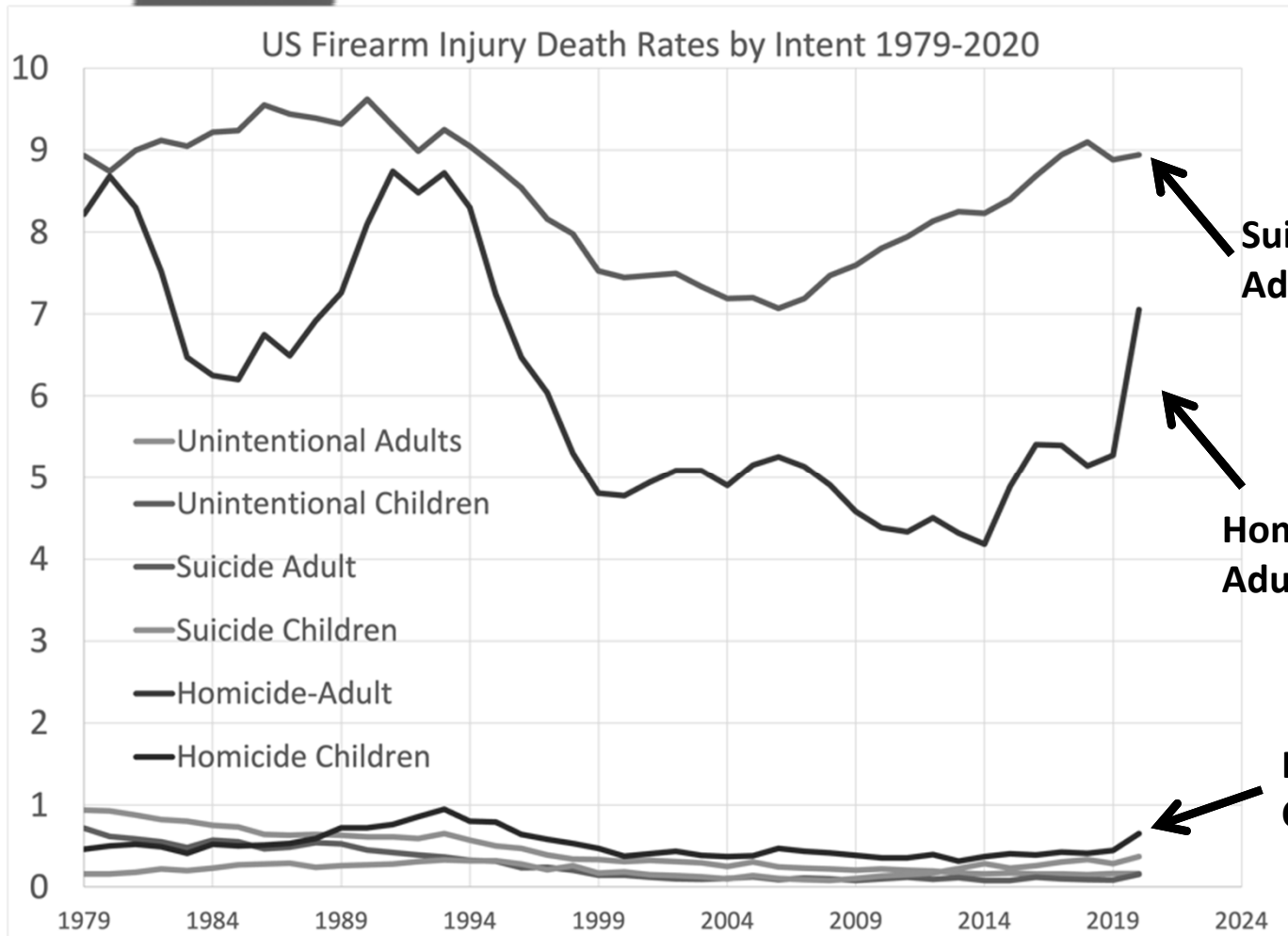
Firearm Related Injury Deaths 2020 (latest year available)



- 45,222 firearm deaths occurred in the U.S. – 124 people/day*
 - 24,292 (53.7%) were suicide
 - 19,384 (42.8%) were homicide
 - 611 (1.4%) as a result of legal intervention
 - 535 (1.2%) as a result of unintentional discharge of a firearm
 - 400 (0.9%) unknown intent

Firearm Deaths in US 1979-2017

All Intentions in Adults & Children



Suicide Adults

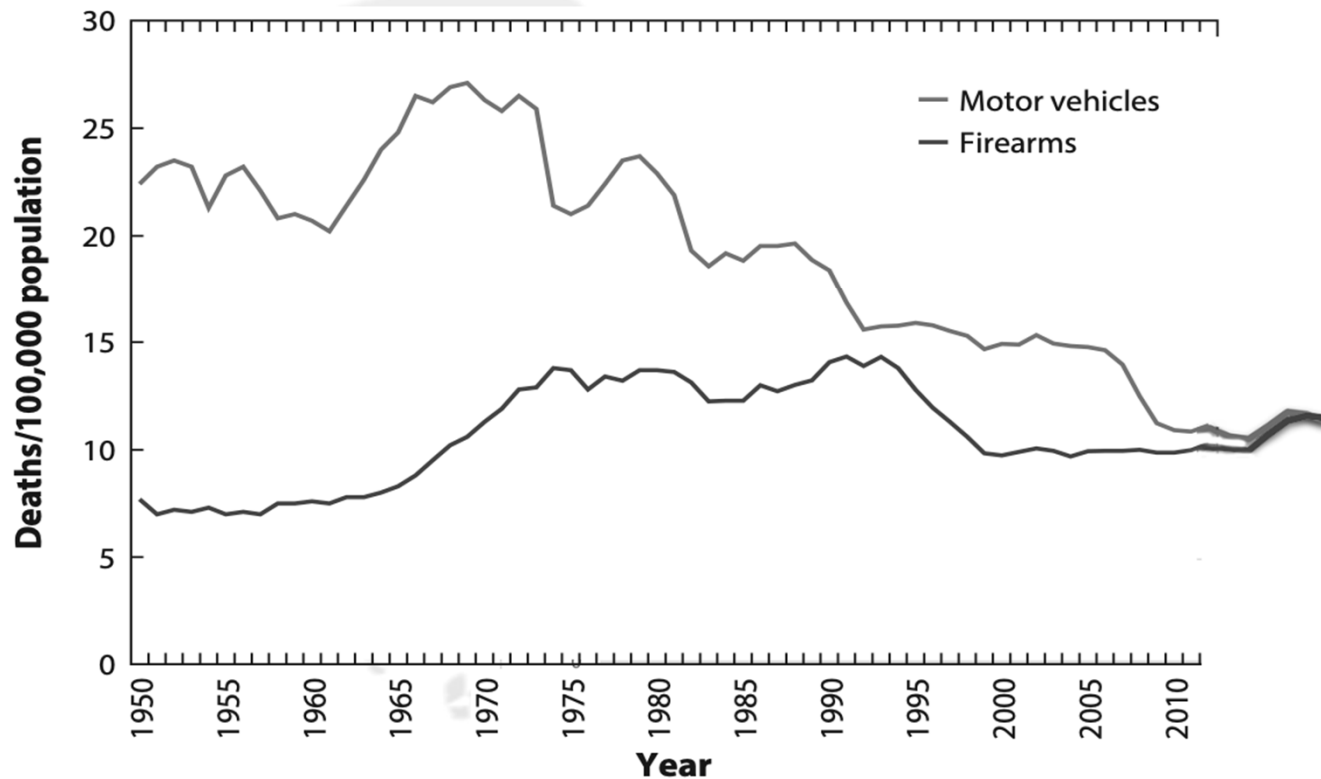
Homicide Adults

Homicide Children

CDC Wonder 2017 Accessed September 2019, crude rates per 100,000

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US Motor Vehicle Deaths vs Firearm Deaths Since 1950

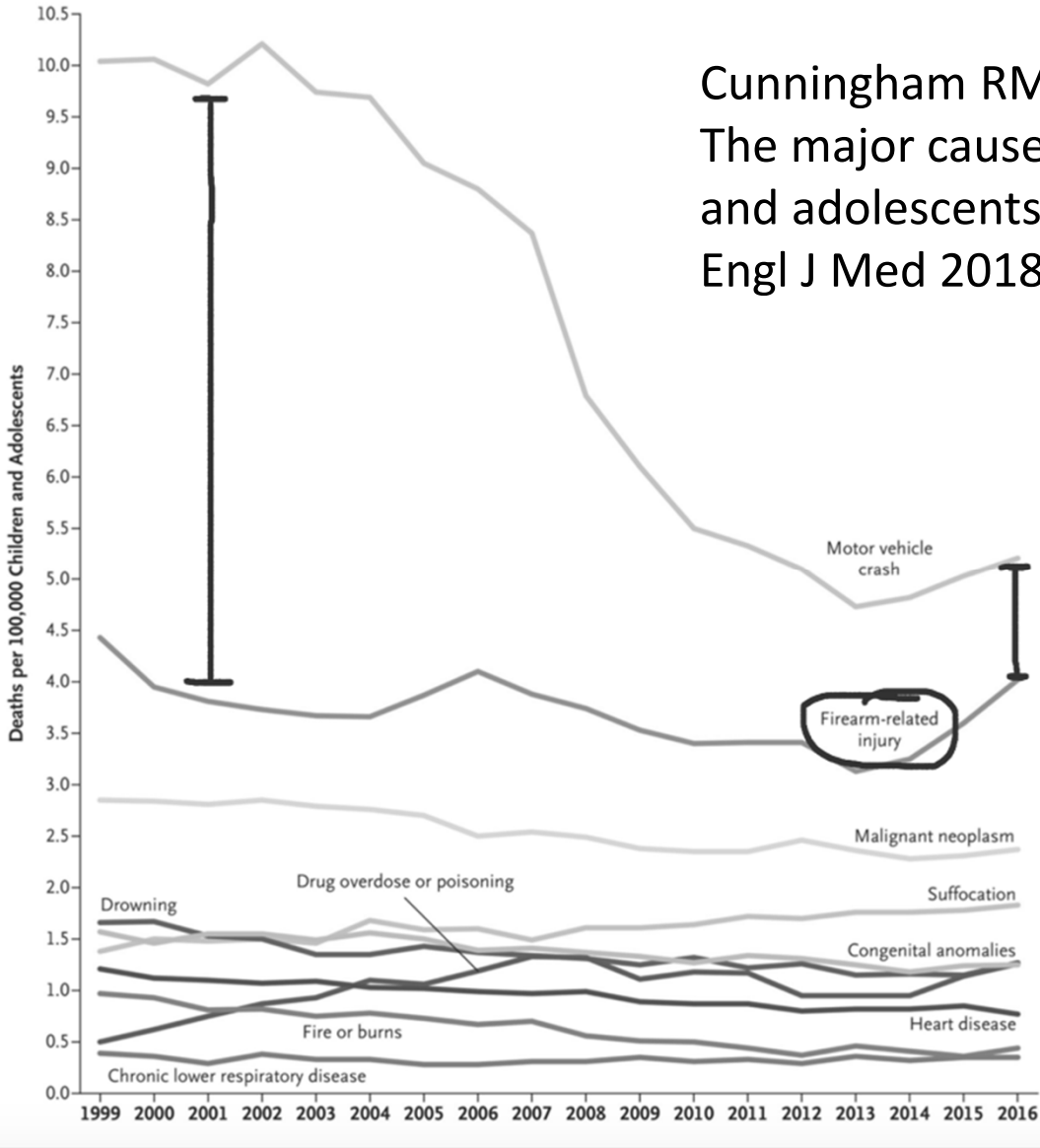


Firearm related injury deaths have not decreased to the same degree as motor vehicle related deaths

From Wintemute and Bulger et al

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Cunningham RM, Walton MA, Carter PM.
 The major causes of death in children
 and adolescents in the United States. N
 Engl J Med 2018;379:2468-2475.

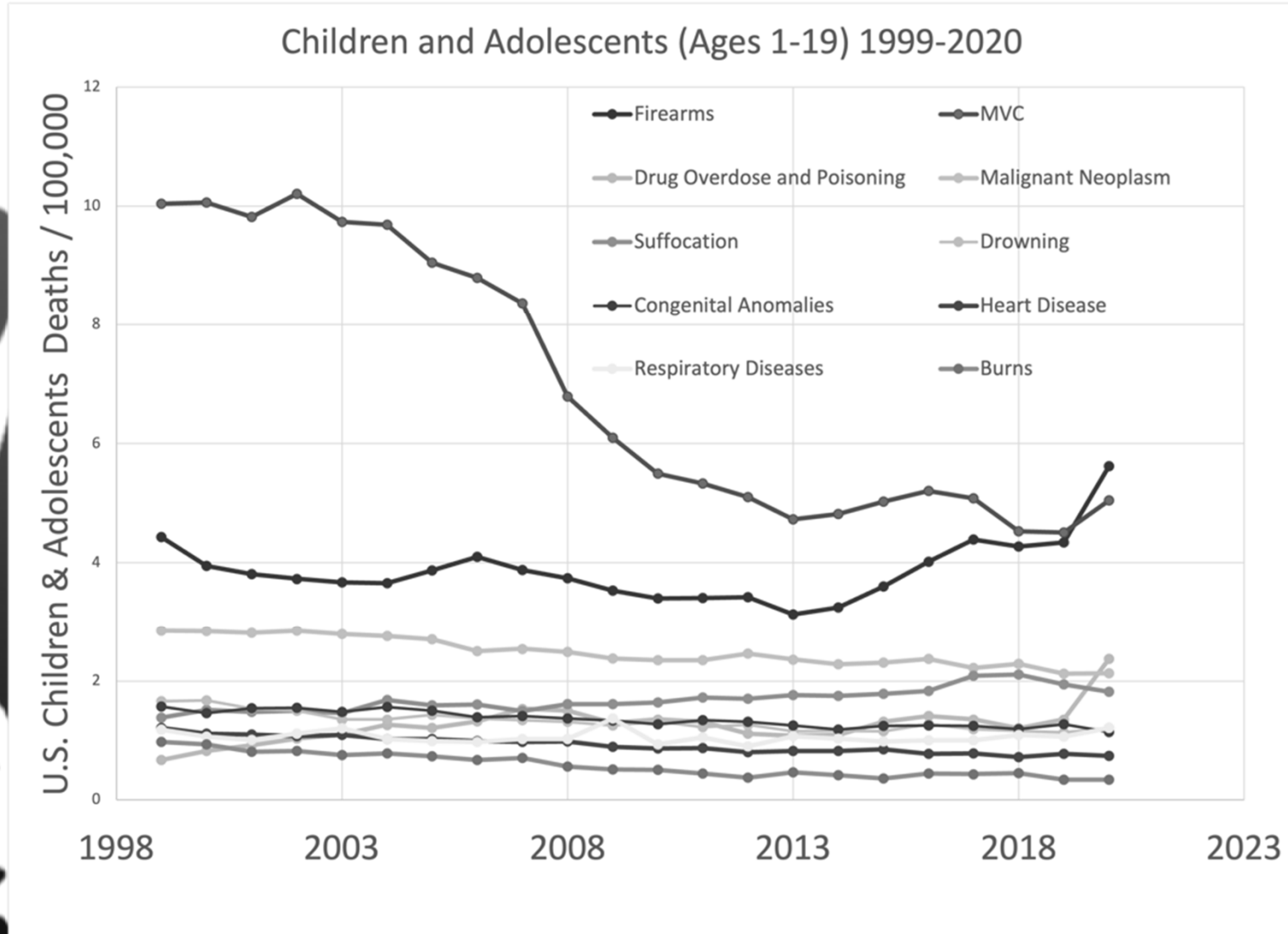


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**The Leading Causes of Death
in US Children and
Adolescents
1999-2020**

**2020 Year That Firearm
Injury Became #1 Cause of
Death of US Children and
Adolescents**

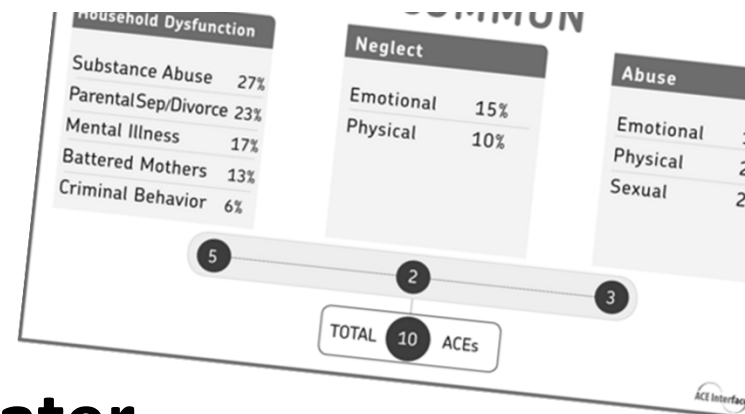
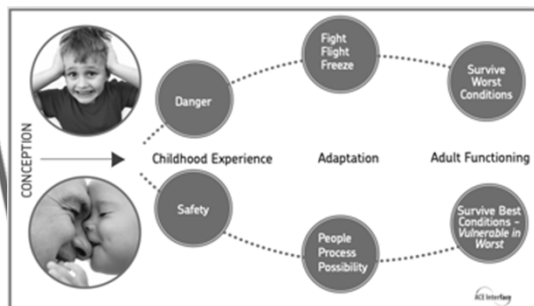
CDC Wonder 2022 Accessed
January 2022, crude rates
per 100,000, Children and
Adolescents 1-19



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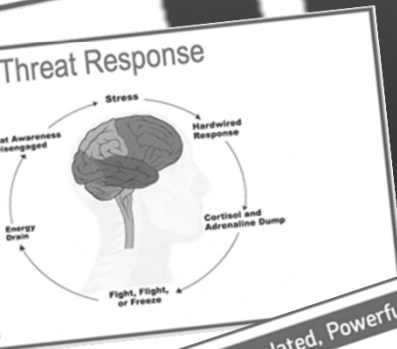
Why Should Adverse Childhood Experiences Matter to a Surgeon?

Kristen Plastino, MD
Vice Chair, Clinical Operations
Director, UT Teen Health
Department of Obstetrics and Gynecology
November 4, 2019



Burden of Disease is Greater than Deaths Alone

Physical trauma leads to psychological trauma, and psychological trauma predisposes to physical trauma and many life-long health problems.



ACEs are Common, Interrelated, Powerful

Increased Risk of Multiple Health and Social Problems

Intergenerational Transmission of ACEs

01/12/14

Early Adversity Increases Physical, Mental, Behavioral Problems, Scientists Report

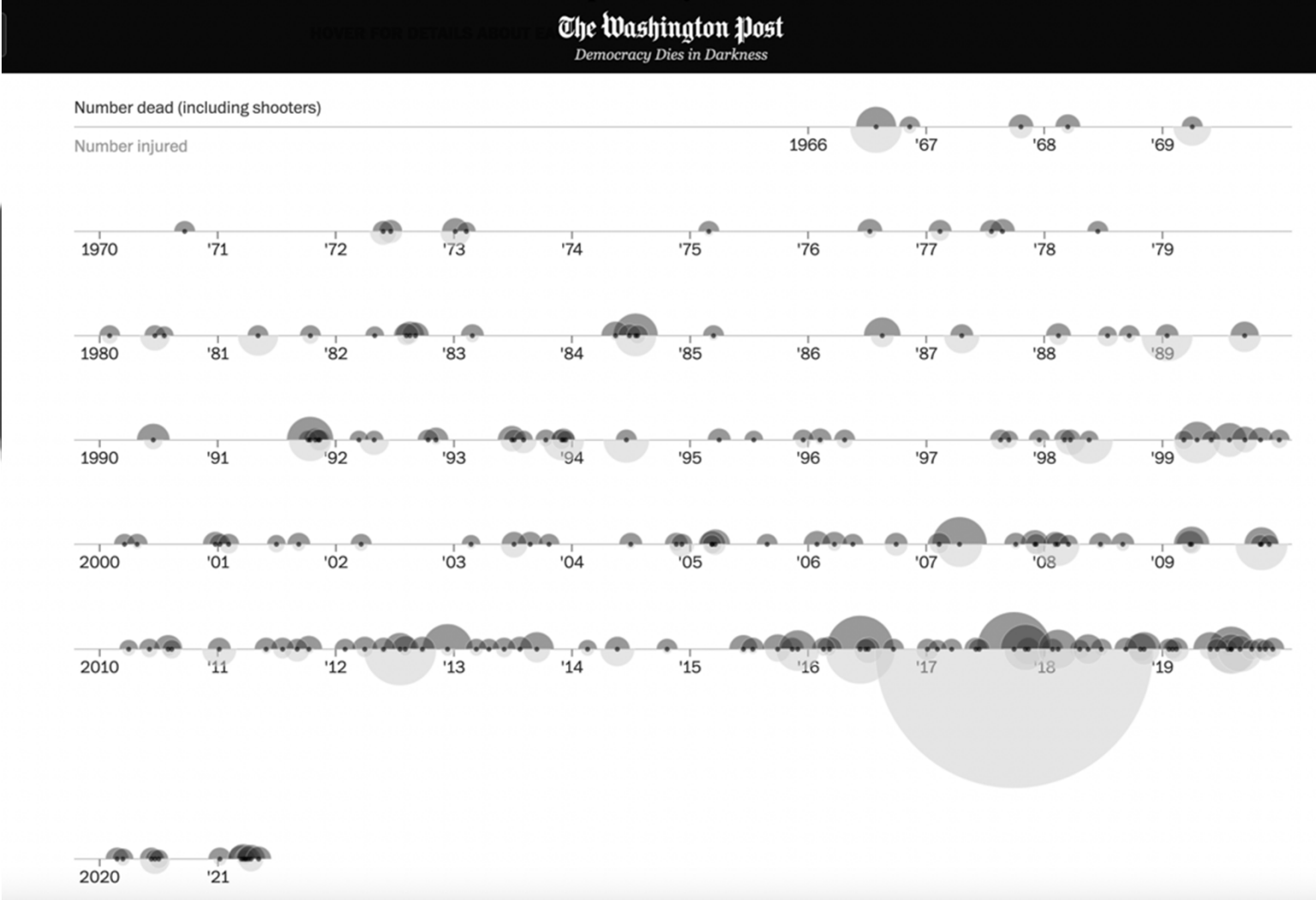
Dr. Robert Anda & Dr. Vincent Felitti
Investigators

Centers for Disease Control
Kaiser Permanente Study
Over 17,000 study participants

The ACE Study confirms, with scientific evidence, that adversity early in life increases the risk of physical, mental, and behavioral problems later in life.

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Mass Shootings Since UT Austin Tower Shooting in 1966-2021



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Single | Explore | Compare

Settings Use advanced settings ▾

Display Cause | Risk

Cause C.3 Self-harm and...

Measure Deaths | YLDs | DALYs

Year 2019

Age All | <5 | 5-14
15-49 | 50-69 | 70+

Sex Male | Female | Both

Units # | Rate | %

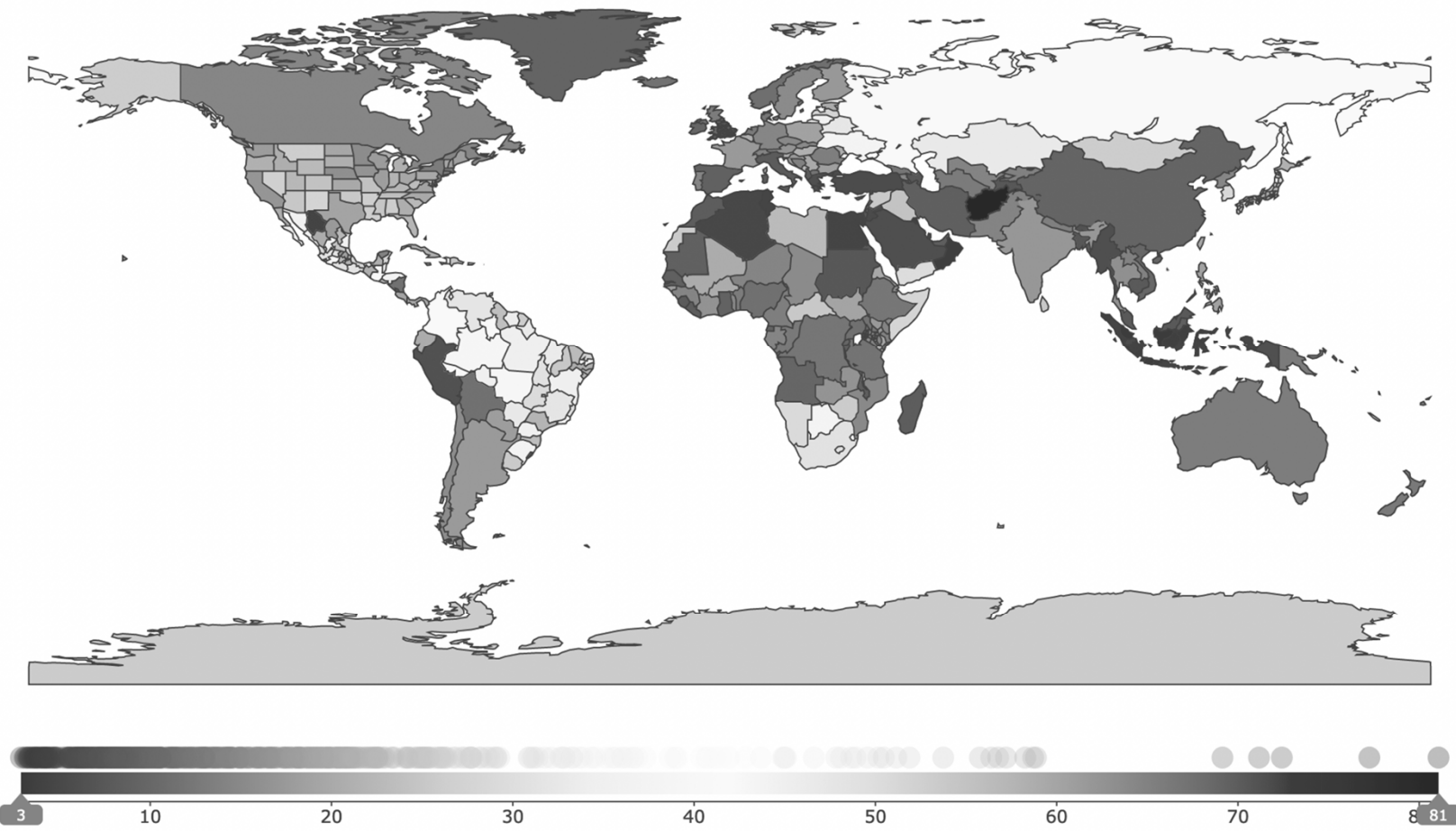
Rate of change Off

Detail 4

Take tour ▶



Self-harm and interpersonal violence Both sexes, All ages, 2019, Deaths per 100,000



Single | Explore | Compare

Settings Use advanced settings ▾

Display Cause Risk

Cause C.3.1.1 Self-harm...

Measure Deaths YLDs DALYs

Year 2019

Age All <5 5-14
15-49 50-69 70+

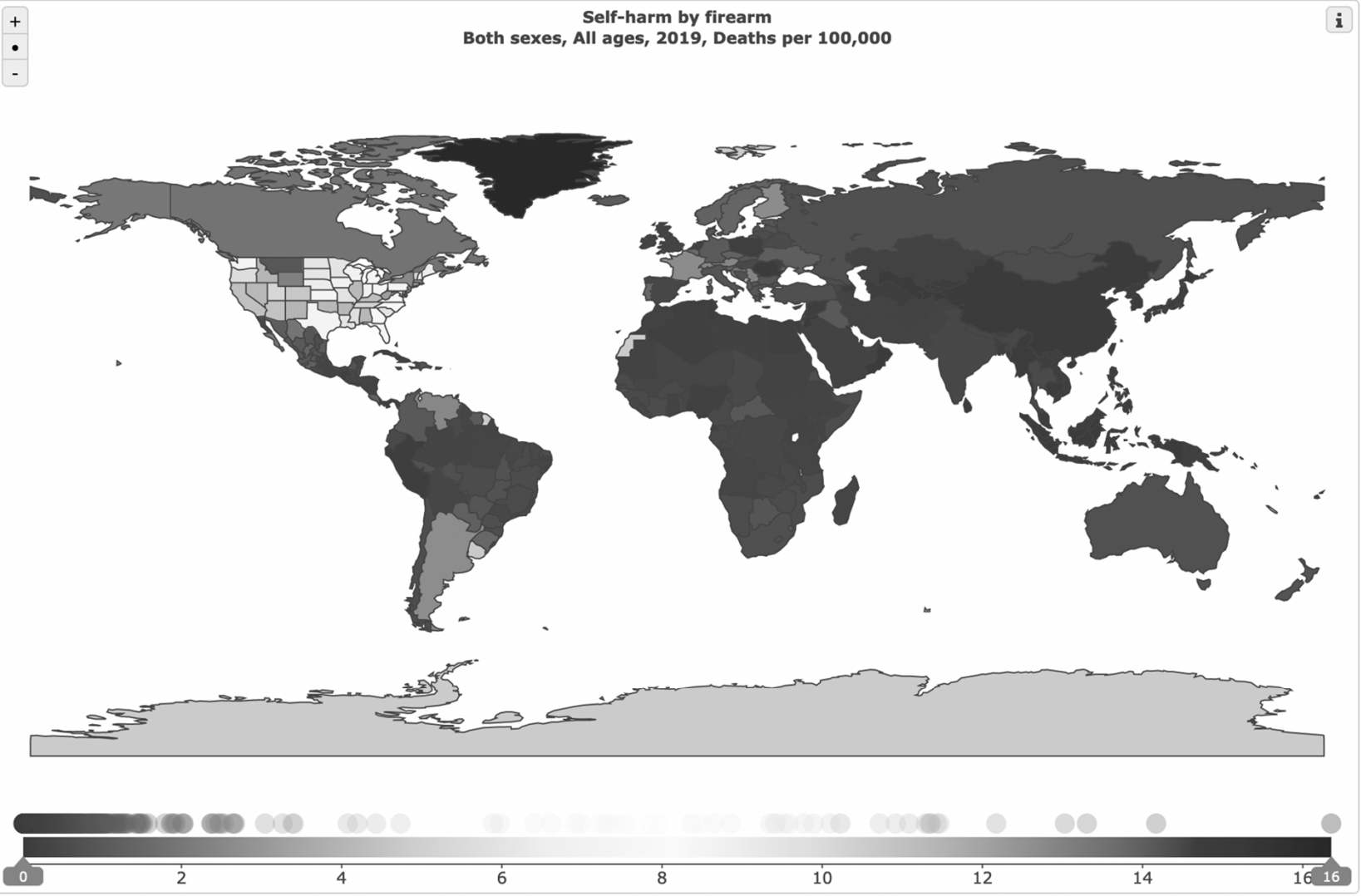
Sex Male Female Both

Units # Rate %

Rate of change Off

Detail 4

Take tour ▶



Single | Explore | Compare

Settings Use advanced settings ▾

Display Cause Risk

Cause C.3.2.1 Physical v... ▾

Measure Deaths YLDs DALYs

Year 2019

Age All <5 5-14
15-49 50-69 70+

Sex Male Female Both

Units # Rate %

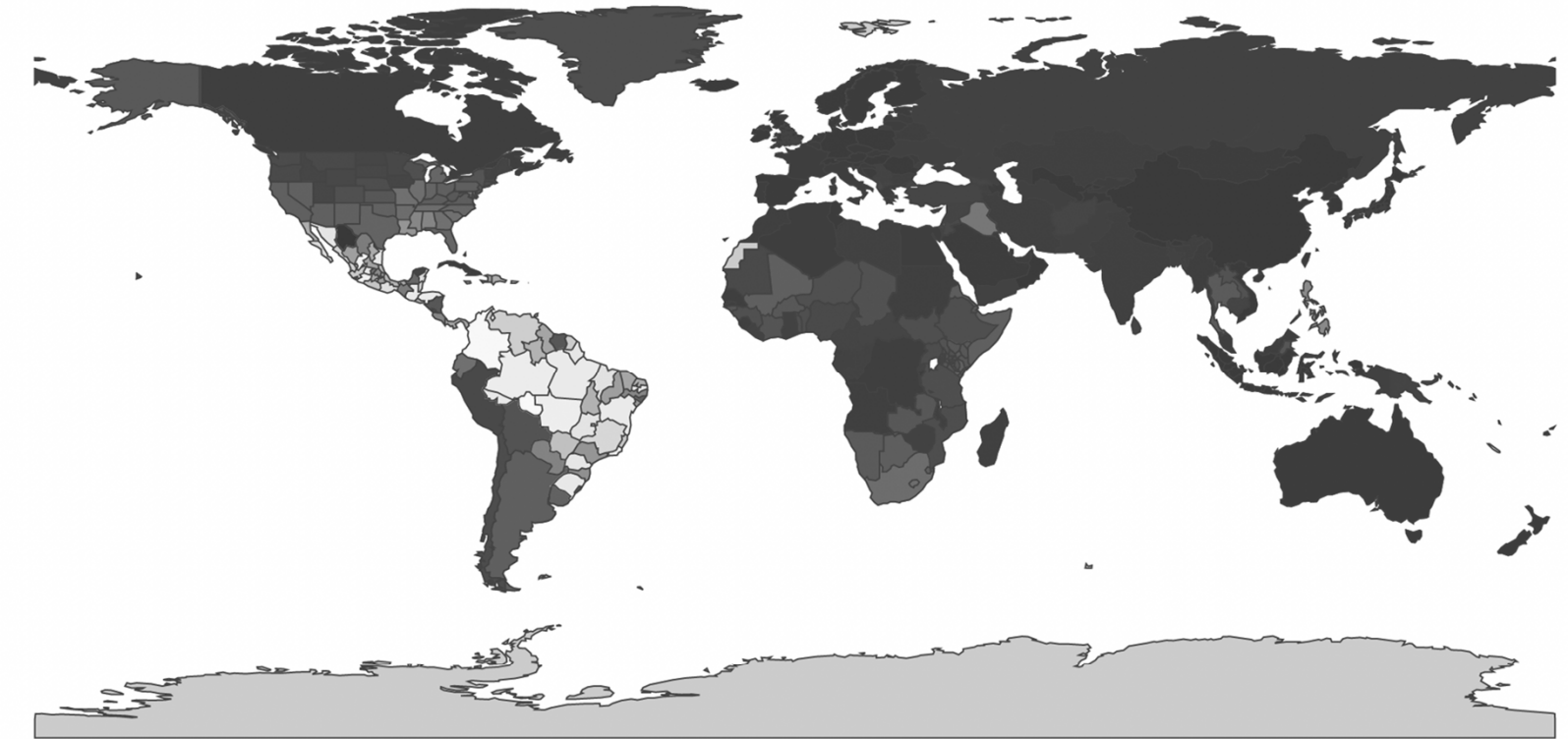
Rate of change Off

Detail 4

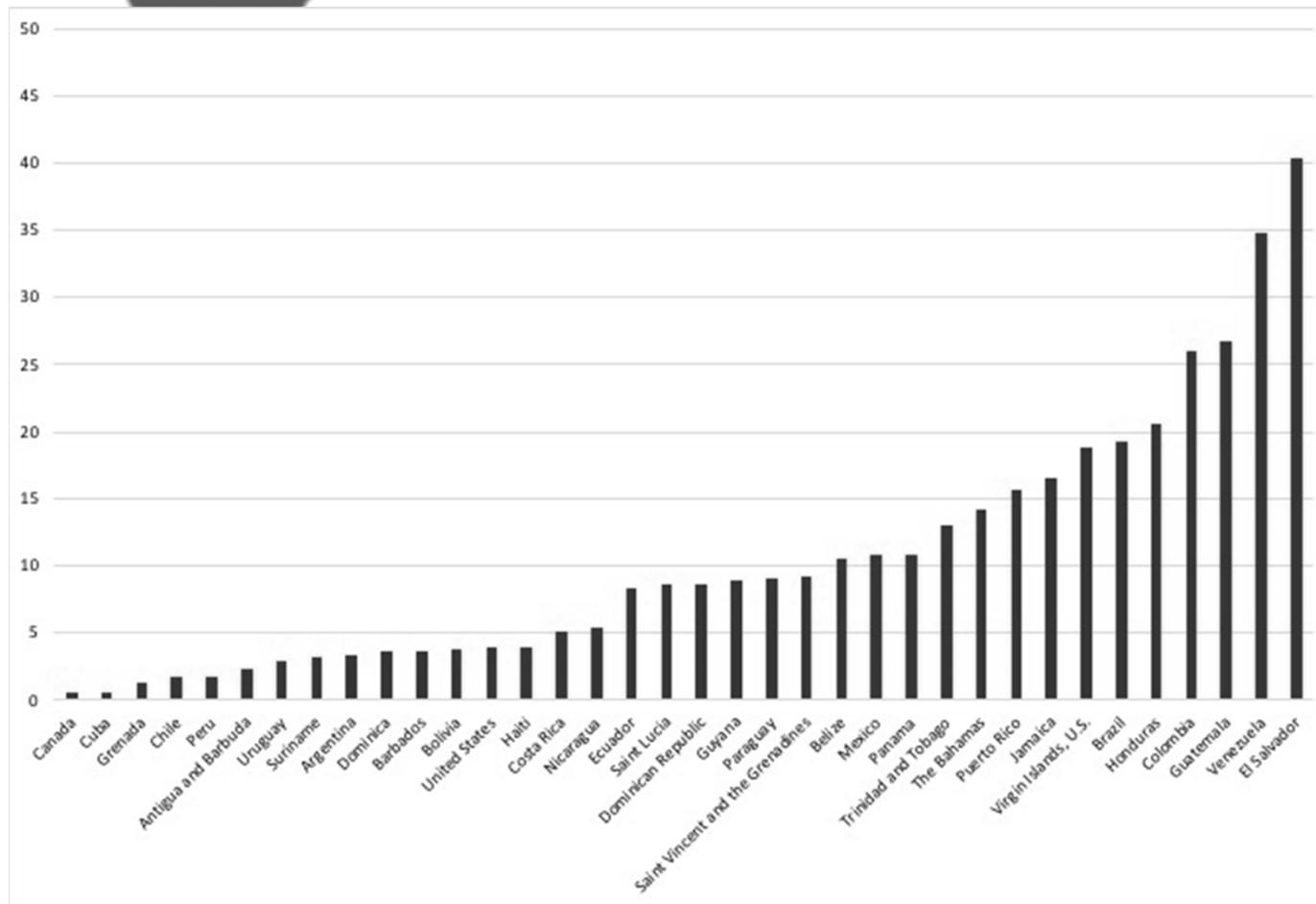
Take tour ▶



Physical violence by firearm Both sexes, All ages, 2019, Deaths per 100,000

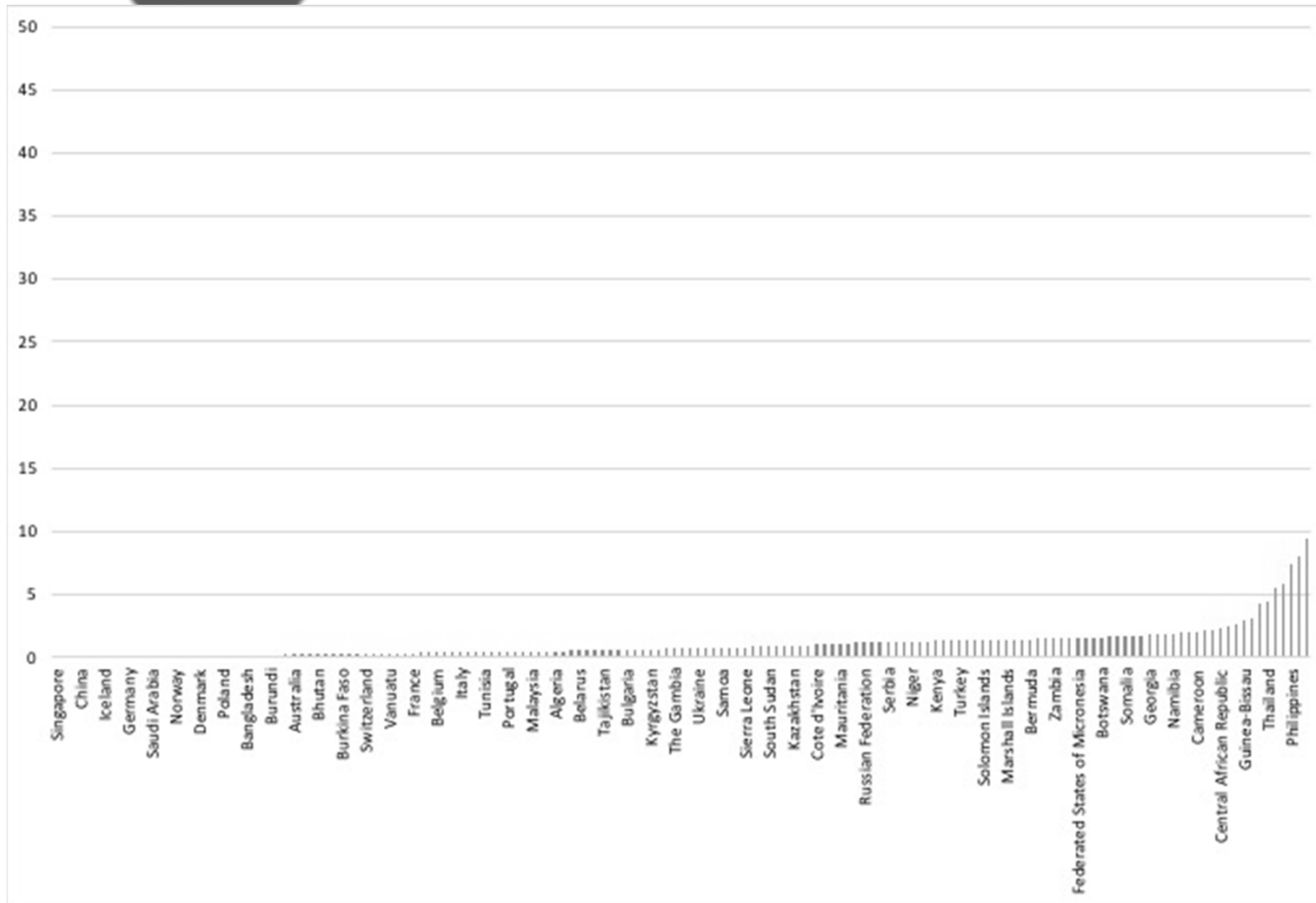


Global Interpersonal Firearm Related Death in North America, South America and Caribbean



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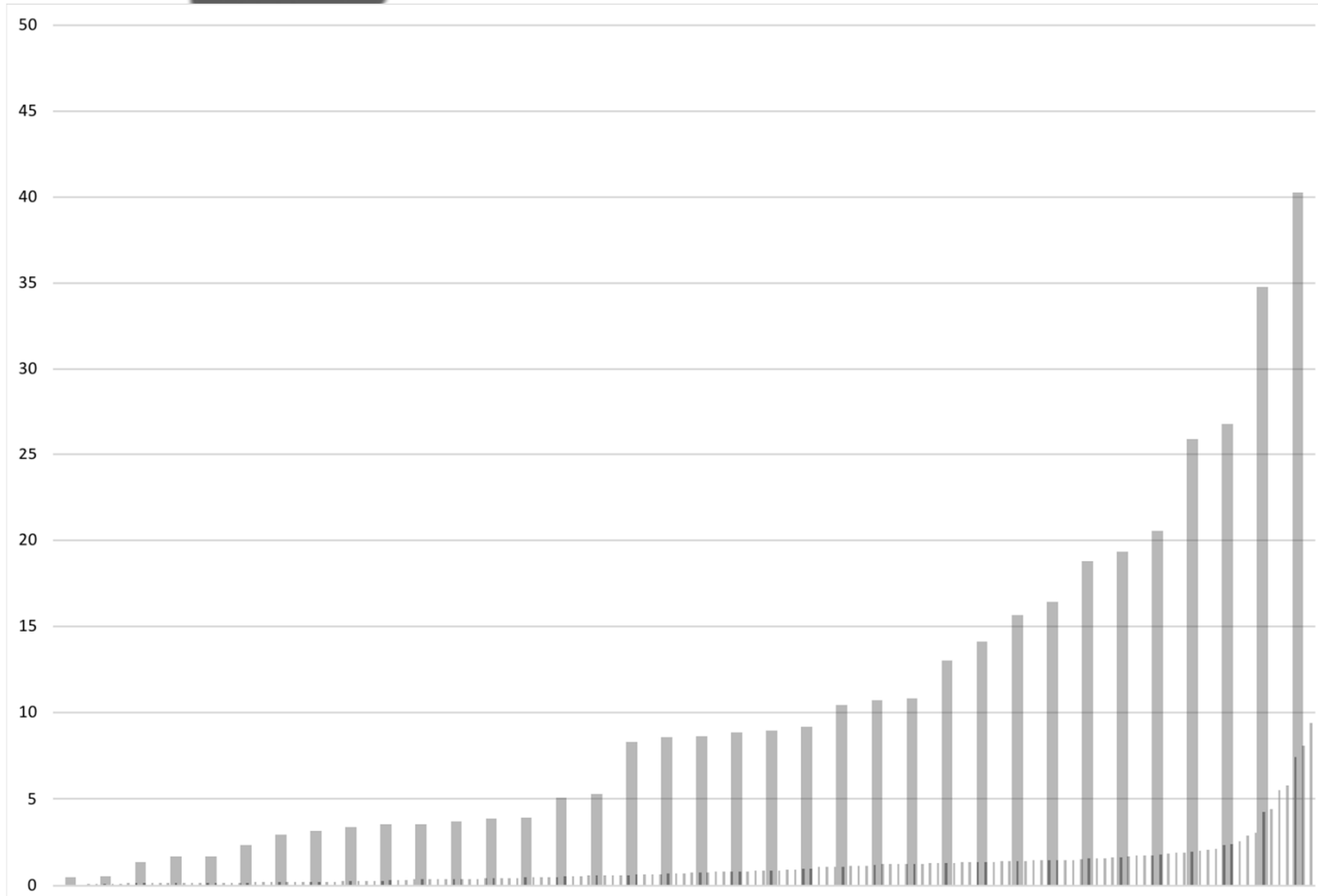
Global Interpersonal Firearm Related Death Outside the Americas



<https://vizhub.healthdata.org/gbd-compare/>

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Global Interpersonal Firearm Related Death in North America, South America and Caribbean

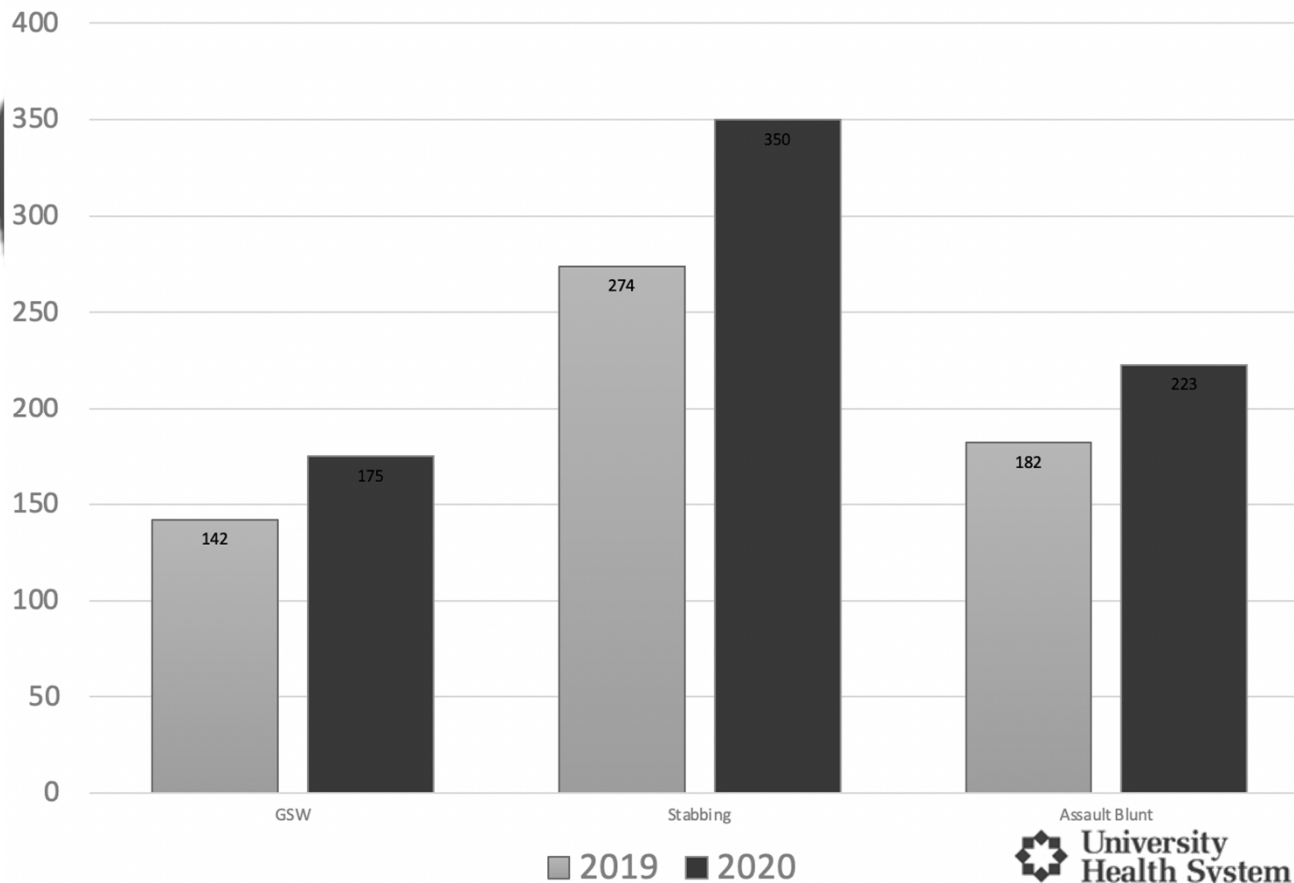


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Increase in GSW, Stabbing and Assault During First Pandemic Year My Trauma Center



2019 Pre Pandemic vs 2020 Pandemic



University Hospital,
San Antonio, Texas

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Survey of the American College of Surgeons Members on Firearm Injury Prevention

Introduction



Survey of 54,761 U.S. ACS Members
11,147 responses, 20.4%



Largest survey of professional medical organization to date

Methodology

- Web-based, professionally designed survey



Respondents reflect demographics of ACS membership in gender, age, race/ethnicity

Policy Results

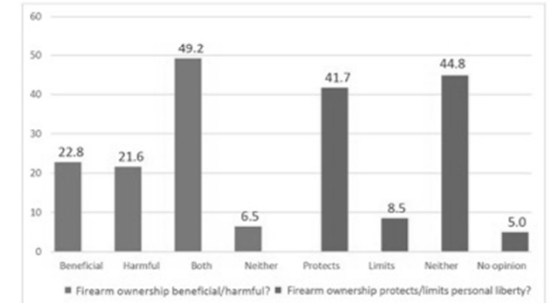
85.6% - important for ACS to support policy initiatives to decrease firearm (FA) injury (74.8% very or extremely important)

ACS members very or extremely supportive:

- Prevent those with serious mental illness from purchasing
- Increase penalties for illegal purchase and sale of FA
- Enhancing & expanding NICS background checks
- Improve mental health screening and treatment
- Temporarily remove FA from high-risk individuals
- Mandatory prosecution of felons trying to purchase FA
- Federal research monies - understand & prevent FA injury
- Implement evidence-based FA injury prevention programs
- Mandatory safety training before FA purchase
- Preserve right for healthcare providers to counsel patients
- Require FA safety features
- Mandatory Waiting Period for FA Purchases

Freedom & Benefit

Whether or not Firearms are Beneficial and Protect/Limit Personal Liberty



Conclusions

- U.S. ACS members support and agree regarding many firearm injury prevention policy initiatives
- Results align with ACS strategy of working together to address root causes of violence while working to make firearm ownership as safe as possible





Cathy Barber, Harvard Firearm Injury Prevention Center

How?

Two Engagement Work-Groups



- Partner with and engage firearm owners as a part of the solution-FAST
- Partner with community and hospital based violence prevention professionals reduce injury, death and disability-ISAVE

VIEWPOINT FIREARM VIOLENCE
Reducing Suicides Through Partnerships Between Health Professionals and Gun Owner Groups—Beyond Docs vs Glocks

Opinion

Freedom with Responsibility: A Consensus Strategy for Preventing Death, and Disability from Firearm Violence

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Concrete
Steps We
Can Do to
Make
Progress

Recommendations from the American College of Surgeons Committee on Trauma's Firearm Strategy Team (FAST) Workgroup: Chicago Consensus I

COT Consensus Approach

1. Promote a public health approach
2. Implement violence prevention programs in ACS trauma centers
3. Foster a forum for civil dialogue with goal of moving toward a consensus regarding interventions aimed at reducing firearm injuries and deaths

Inclusive of all points of view

FAST Workgroup

Twenty-two surgeons (608 years cumulative experience caring for injured patients)
Eighteen experienced firearm owners plus 4 ACS/COT leaders
210 firearms owned
5 current NRA members
9 past/present military service
1 law enforcement professional

Consensus approach to develop durable recommendations



Common American Narrative

- Liberty protected by the US Constitution
- Violence is a major cause of preventable death & suffering
- Significantly reduce death & disability by working together to:

Understand & address underlying causes of violence

Make firearm ownership as safe as possible



Recommendations

- 1) Robust background check for all purchases and all transfers of firearms (Universal background check)
- 2) Support firearm registration and implementation of an electronic database for all registered firearms
- 3) Reassessment of the firearms designated within each of the NFA classifications...with consideration given to reclassification of high capacity, magazine-fed, semi-automatic, high velocity firearms
- 4) Formal gun safety training for all new gun owners
- 5) Requirement for safe and controlled firearm storage. Owners not providing reasonable, safe firearm storage are responsible for adverse events related to discharge of their firearm(s)
- 6) Individuals deemed an imminent threat to themselves or others should have ownership temporarily or permanently restricted based on due process
- 7) Development of firearm technology that would significantly reduce the risk of self-harm, prevent unintentional discharge, and prevent unintended use
- 8) Non-partisan research for firearm injury, including prevention, must be federally funded
- 9) The public, professionals in law enforcement, and the press should take steps to eliminate notoriety of the shooter
- 10) See something, say something. Recognition of mental health warning signs with early referral to treatment and law enforcement

Talley CL, Campbell BT, Jenkins DH, Barnes SL, Sidwell RA, Timmerman G, et al.

DOI: <https://doi.org/>



Address Social Determinants of Health Work with Communities as a Part of the Solution

Poverty



Inequity



Poor health outcomes

Hopelessness-Structural Violence

https://journals.lww.com/journalacs/Fulltext/2021/09000/Strategies_for_Trauma_Centers_to_Address_the_Root.17.aspx



ETHICS/HUMANISM

Strategies for Trauma Centers to Address the Root Causes of Violence:
Recommendations from the Improving Social Determinants to Attenuate Violence (ISAVE) Workgroup of the American College of Surgeons Committee on Trauma

Check for updates



Address Root Causes (ISAVE Workgroup)



- **Overarching ISAVE Philosophy**
- **Trauma Informed Care**
 - Development of a curriculum for Trauma Centers
- **Community Investment**
 - Create a roadmap for investment in disinvested communities
- **Social Care**
 - Integration of social care into the trauma system Violence Intervention
- **Advocacy**
 - Characterizing the trauma center's role in advocacy around SDH and equity



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Strategies for Trauma Centers to Address the Root Causes of Violence: Recommendations from the Improving Social Determinants to Attenuate Violence (ISAVE) Workgroup of the American College of Surgeons Committee on Trauma

Violence: A Public Health Problem

Our focus will be squarely on how the health professions might provide better care for victims of violence and also how they might contribute to the prevention of violence.

– C. Everett Koop, MD FACS 1985

ACS COT Approach

Prevent firearm related injury, death and disability by:

1. Addressing the root causes of violence
2. Making firearm ownership as safe as possible



ISAVE Workgroup Recommendations

The American College of Surgeons Committee on Trauma established a multidisciplinary working group, Improving the Social Determinants of Health to Attenuate Violence, or ISAVE, with the goal of *addressing the root causes of violence*.

Four ISAVE Recommendations:

1. **Develop and implement Trauma Informed Care (TIC) curriculum in all trauma centers**
2. Integrate social care into trauma care
 - Addressing social needs leads to improved health outcomes
 - Maximal degree of collaboration among the acute healthcare team and the social care team
 - Example: hospital-based violence intervention programs (HVIPs)
3. Investment in marginalized and at-risk communities
 - Health system and community partnerships
4. Develop advocacy strategies to advance recommendations

Spotlight on Trauma Informed Care Six Principles



Safety (physical & emotional)



Trustworthiness and transparency



Peer support



Collaboration and mutuality



Empowerment, voice, and choice



Cultural, historical and gender issues

Rochelle A. Dicker MD FACS, Ronald M. Stewart MD FACS, Eileen M. Bulger MD FACS, Stephanie Bonne MD, Arielle Thomas MD MPH, Tracy A. Dechert MD, Randi Smith MD, Altovise Love-Craighead, Fatimah Dreier, Meera Kotagal MD, Tamara Kozyckj MPH, Holly Michaels MPH, and the members of the ISAVE working group

Individual trauma results from 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.

– Substance Abuse and Mental Health Services Agency
Definition



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Thea James, MD

Commit to caring for all
children as if they were our
children

Trauma Informed Care



Trauma Informed Care:

Many patients have experienced previous physical and psychological trauma



6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's Office of Public Health Preparedness and Response (OPHPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by OPHPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

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Trauma Informed Care



- See a high rate of violence
- Avoids normalization and re-traumatization
- Strengths based approach
- Shift from blame and shame to empathy and accountability

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Goals of Trauma Informed Care



Realize the widespread impact of trauma and understand potential paths for recovery

Recognize the signs and symptoms of trauma in victims, staff, families, and others involved with the system

Respond by fully integrating knowledge about (repetitive and chronic) trauma into policies, procedures, and practices

Resist retraumatization

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Trauma Informed Care



- Curriculum for TIC for trauma center teams
- Implementation through all trauma centers
- Beneficial for patients
- Beneficial for practitioners
- Requires our advocacy

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Strategies for Trauma Centers to Address the Root Causes of Violence: Recommendations from the Improving Social Determinants to Attenuate Violence (ISAVE) Workgroup of the American College of Surgeons Committee on Trauma

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Prevent firearm related injury, death and disability by:

1. Addressing the root causes of violence
2. Making firearm ownership as safe as possible



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Trustworthiness and transparency



Peer support



Collaboration and mutuality



Empowerment, voice, and choice



Cultural, historical and gender issues

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Violence intervention programs:

A primer
for developing
a comprehensive
program
for trauma centers



Wille A. Dicker, MD, FACS; Barbara A. Gaines, MD, FACS; Stephanie Bonne, MD, FACS;
Thomas Duncan, DO, FACS; Pina Violano, PhD, MSPH, RN-BC, CCRN, CPS-T;
Michel Aboutanos, MD, MPH, FACS; Lisa Allee, MSW, LICSW;
Peter A. Burke, MD, FACS; Peter Masiakos, MD, FACS; Ashley Hink, MD;
Deborah A. Kuhls, MD, FACS, FCCM; and David Shapiro, MD, FACS



Hospital Based Violence Intervention



- Identification of high-risk patients in the hospital after a violent injury.
- Engagement of these patients, at the bedside, by culturally appropriate violence prevention professionals
 - credible messengers and potential mentors to victims of violence
 - Violence prevention professionals are the most skilled member of the trauma team to identify high-risk individuals.
- Development of an individual needs assessment by the violence prevention professional and the HVIP client.
 - Wrap around social services and support
- HVIPs represent a model of equity care. Instead of providing “one size fits all” services, the type and intensity of services are based on individual need.

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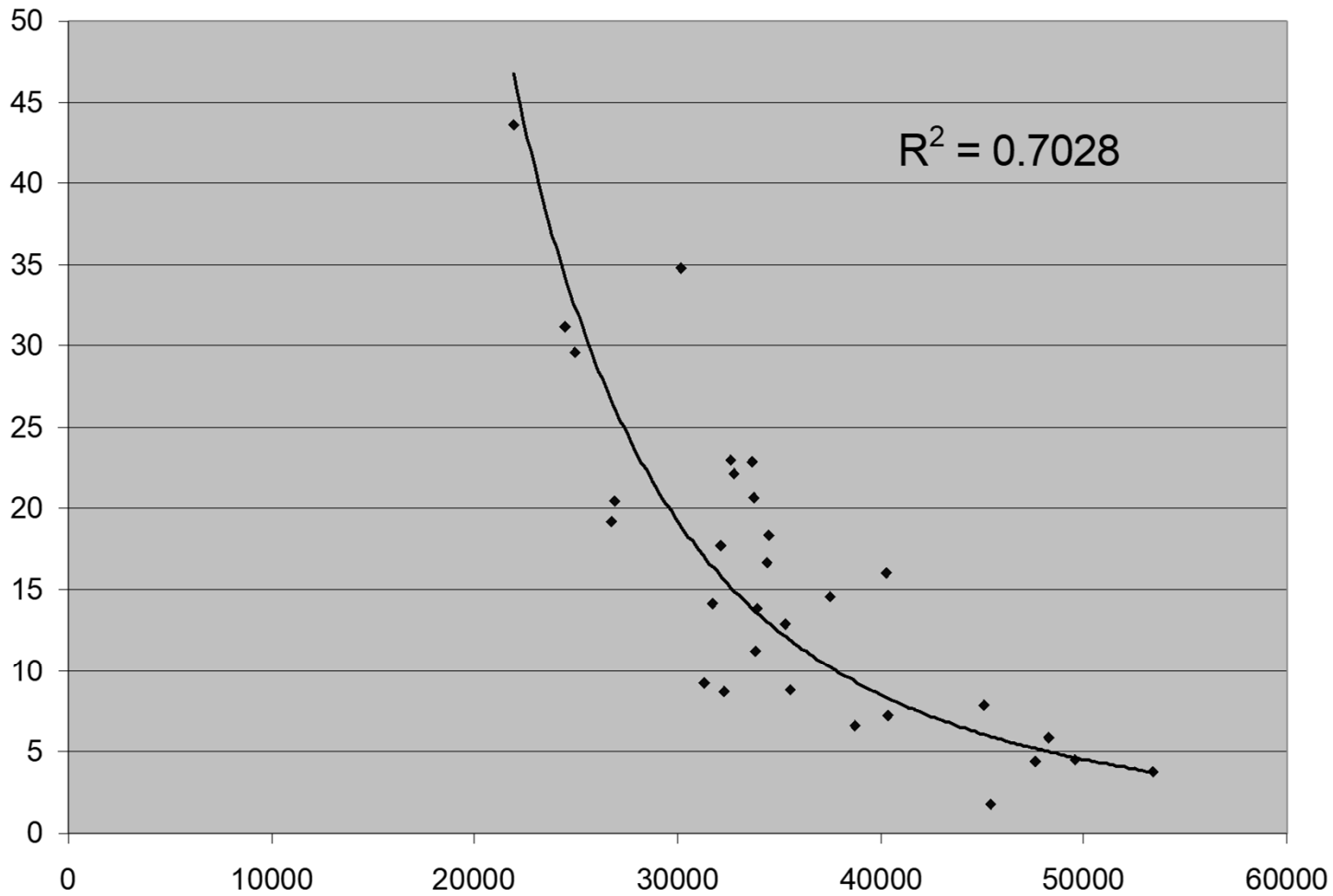
The trouble with being
poor is that it takes up all of
your time

Willem de Kooning, artist

Economic and educational poverty – powerful
association with injury death rates



**Age Adjusted County Homicide Rate
(Deaths/100K)**



County Median Household Income

$R^2 = 0.7028$



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Health Systems and Hospital's Responsibility and Opportunity



- Community investment
 - Housing
 - Wealth building
 - Employment
 - Education
 - Behavioral health



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2. Making firearm ownership as safe as possible



ISAVE Workgroup Recommendations

The American College of Surgeons Committee on Trauma established a multidisciplinary working group, Improving the Social Determinants of Health to Attenuate Violence, or ISAVE, with the goal of *addressing the root causes of violence*.

Four ISAVE Recommendations:

1. Develop and implement Trauma Informed Care (TIC) curriculum in all trauma centers
2. Integrate social care into trauma care
 - Addressing social needs leads to improved health outcomes
 - Maximal degree of collaboration among the acute healthcare team and the social care team
 - Example: hospital-based violence intervention programs (HVIPs)
3. Investment in marginalized and at-risk communities
 - Health system and community partnerships
4. Develop advocacy strategies to advance recommendations

Spotlight on Trauma Informed Care Six Principles



Safety (physical & emotional)



Trustworthiness and transparency



Peer support



Collaboration and mutuality



Empowerment, voice, and choice



Cultural, historical and gender issues

Rochelle A. Dicker MD FACS, Ronald M. Stewart MD FACS, Eileen M. Bulger MD FACS, Stephanie Bonne MD, Arielle Thomas MD MPH, Tracy A. Dechert MD, Randi Smith MD, Altovise Love-Craighead, Fatimah Dreier, Meera Kotagal MD, Tamara Kozyckj MPH, Holly Michaels MPH, and the members of the ISAVE working group

Advocacy



Most pressing and least addressed health problem of our children

The pandemic that is of greatest threat to our children

Greatest Priority for Our Children

Requires Our Full Commitment and Our Advocacy

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Research

- **Advocacy for funding to match burden of the disease**
- **Interface-acute care-public health-mental health**
- **Violence control research**
 - Understanding fundamental causes
 - Develop evidenced based strategies to reduce violence
 - Needs expertise, leadership and advocacy
- **Firearm safety research**
 - Culturally competent counseling
 - Safe storage
 - Lethal means safety
 - Technology



100-YEARS
AMERICAN COLLEGE
OF SURGEONS
*Inspiring Quality,
Highest Standards,
Better Outcomes*

Statement of the
American College of Surgeons

Presented by

Ronald M. Stewart, MD, FACS

Before the
Subcommittee on Labor, Health and Human Services, Education and Related Agencies
of the
Committee on Appropriations
United States House of Representatives

RE: Addressing the Public Health Emergency of Gun Violence

March 7, 2019



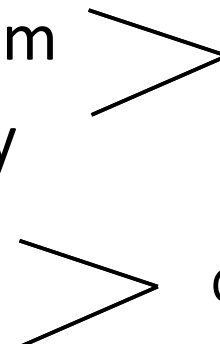
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Summary

- Principles:

- Medical Problem-not a political problem
- *Work together* to reduce violent injury
 - Understanding and reducing violence
 - Firearm ownership as safe as possible



Requires engagement
and partnerships
Common Narrative

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Leadership and Partnership Opportunities



- Partner with our patients and communities to pragmatically address social determinants of health
 - Trauma Informed Care
 - Violence intervention programs
 - Community investment
 - Advocacy

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Discussion



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