



# Trauma-resilient Research Co-Production in Southern HIV Care Organizations

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# Background

- The Southern United States (U.S.) accounts for more than half of all HIV incidence in the country
  - Racial and sexual minorities disproportionately impacted
- Social and geo-spatial determinants of trauma drive HIV epidemic in U.S. South
  - Nexus of high levels of vulnerability (vulnerability index), racial trauma/discrimination, and higher PTSD rates
  - Psychological trauma prevalence:
    - PTSD (63%) and Complex PTSD (25%) in PWH in TN



# Organizational Trauma Resilience

- Culture of Trust and Support
- Practices of Inclusivity, Safety, and Wellness
- Trauma Responsive Services
- Impact of Provider Training
- Cultural Responsiveness



# Organizational Trauma Resilience (OTR)

- Extent to which a system is safe, stable, and nurturing
- Lower levels of OTR associated with more complex trauma and non-adherence
- Trauma-informed care presents as area of modification



# Trauma-informed *research* gap...

- Our role as researchers
- OTR research strategies
- What about as research



# Core Guiding Questions

Who is the expert?

Whose ideas should be prioritized?

How do we measure research quality?

How do we bring peer-led research to scale?



# Barriers to Community-Led Research

- Recruitment, engagement, and retainment of underrepresented communities
  - Lack of awareness about research opportunities
  - Belief research not relevant
  - Limited comprehension of research purpose/ procedures
  - Frustrations due to poor dissemination of findings back to community
  - Cautiousness to share personal health information
- Detrimental for ensuring that communities' priorities are comprehensively addressed, prioritized, and integrated into research agendas



# Research Co-Production

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## A Dynamic Approach



### Before

Priority-Setting &  
Design

### During

Management &  
Development

### After

Reporting Results,  
Evaluation &  
Teaching



An approach for collaboratively designing context-specific implementation strategies



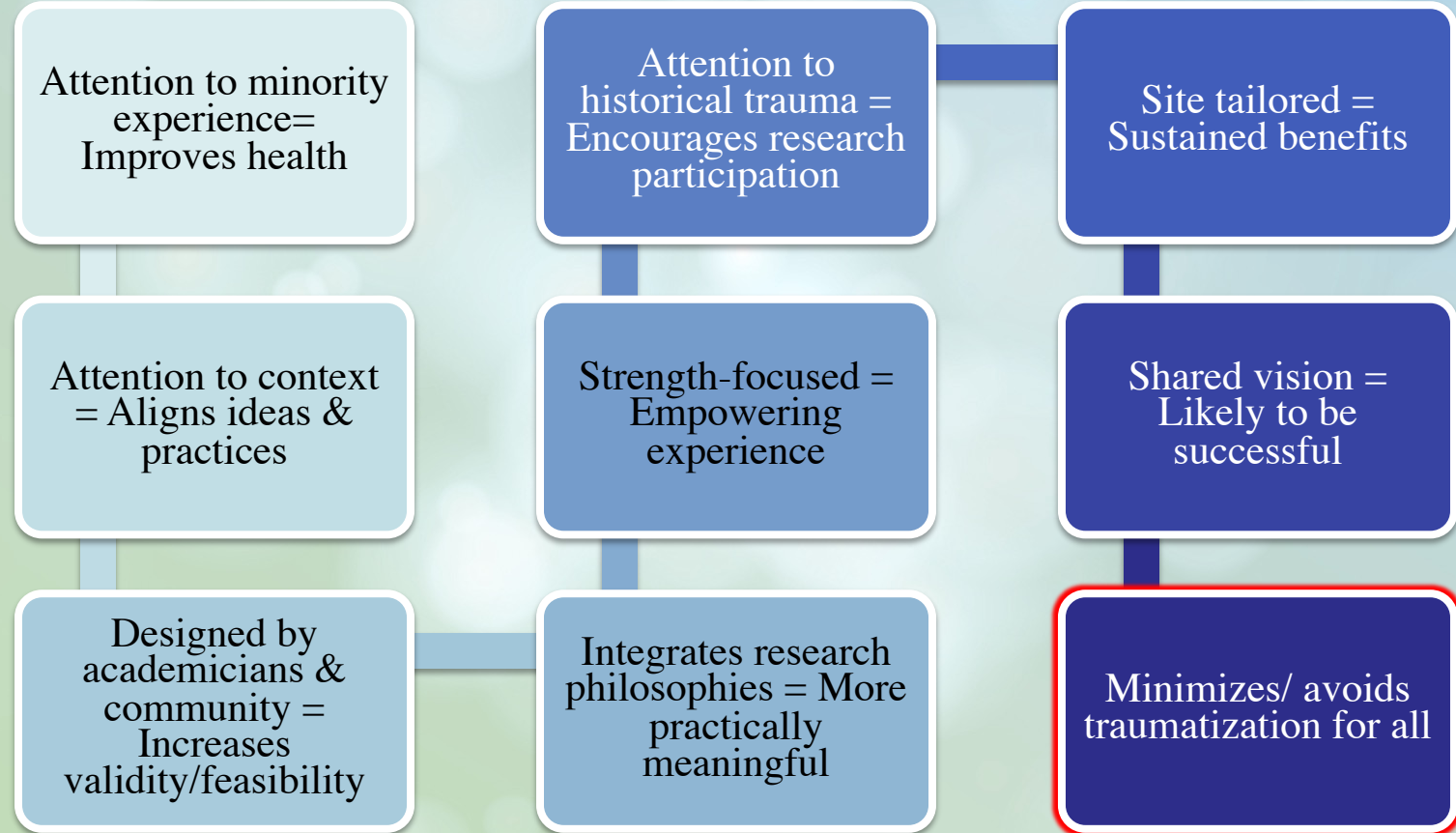
Limited literature explores its utility as part of OTR implementation.



We aimed to elicit perceptions of research context to support co-production as an OTR research strategy in two TN HIV care spaces.



# Beneficiary-led research





# Current Study

## Purpose:

- Elicit perceptions of support for co-production as research strategy
- Inform development of trauma-informed research strategy

## Methods:

- Purposive sampling with personnel from clinic and community-based organization
- Brief surveys administered electronically
- Independent Sample t tests to assess differences by site (two-sided p value  $<.005$ )

## Theoretical Foundations & Measures:

- Research Quality Plus for Co-Production (RQ+ 4Co-Pro) (4-point scale)
- Organizational Trauma Resilience (5-point scale)



Dimensions	Sample item
<b>1. Training and Sustaining Trauma-Responsiveness</b> (16 items)	<p>There is ongoing training on how traumatic stress affects the brain and the body.</p> <p>There is ongoing training on cultural differences in how people understand and respond to trauma.</p> <p>There is ongoing training on how staff may be impacted by working with survivors of trauma.</p>
<b>2. Culture of Trust and Support: Condition assessed: leadership fosters a culture</b> (6 items)	<p>Staff feel safe bringing questions to leadership.</p> <p>Staff feel supported by leadership and direct supervisors.</p> <p>Staff are confident they can communicate issues to organizational leaders without fear of retribution.</p>
<b>3. Practices of Inclusivity, Safety, and Wellness Practices assessed</b> (7 items)	<p>There are routines, rituals, or traditions within our organization to help all people feel included.</p> <p>Our organization regularly evaluates if staff feel safe and valued at the agency.</p> <p>Our organization regularly evaluates if our practices promote staff wellness.</p>
<b>4. Collaboration and Empowerment</b> (6 items)	<p>Staff have a voice in agency decision-making.</p> <p>Our organization promotes positive social engagement between departments and staff.</p> <p>In our organization there are opportunities for cross-departmental collaboration.</p>
<b>5. Trauma-responsive Services</b> (5 items)	<p>Trauma screening and assessment is available and accessible to all clients.</p> <p>Our organization offers trauma-specific treatment to help clients learn about traumatic stress and ways to feel safe.</p> <p>Our organization offers clients access to a clinician with expertise in trauma and trauma-related interventions.</p> <p>Each client's own personal definition of emotional and physical safety is included in his/her care plan.</p>



# Outcomes

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## RIGOR

### Design:

- Avoid wasteful study
- Address important gaps or weaknesses
- Ground in current knowledge
- Clear & thorough design

### Methodological Integrity:

- Justify design adaptations for setting via group decision-making

## LEGITIMACY

### Inclusion of local knowledge:

- Ground in local context & knowledge

### Trust, power, mutually beneficial partnerships:

- Power balances in team addressed
- Process created/ sustained by team/ collective approach

### Intersectionality:

- Overlapping multi-marginalized identities considered during research methods & result sharing

### Attention to negative consequences:

- Externally reviewed ethics applied
- Attention to mitigating negative effects on team & participants

## POSITIONING FOR USE

### Relevance:

Results serve the needs of patients & providers

### Openness & actionability:

Findings available, clear, & usable by all intended audiences

Partners work together to identify relevant audiences for results

Co-creation of plan to share with identified audiences

# Setting & Sample

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- N=136
  - Pediatric HIV clinic in Memphis, TN (9)
  - Community-based HIV organization (CBO) in Nashville, TN (13 & 114)
- More than half (57%) cisgender female and 43% cisgender male
- Almost half (47%) White and 35% Black

22 total  
personnel for  
RQ+ 4 Co-Pro

114 CBO  
personnel for  
OTR



# RQ+ 4 Co-Pro Results

- *Knowledge Use Environment* differed significantly ( $p=.014$ ; 1-4 scale)
  - CBO=2.7; Clinic=3.6
  - Culture of an environment, perceived appetite for new knowledge, ability to employ evidence-based approaches to inform practices and policies; restrictive - empowering
- *Research Environment* did not differ ( $p=.732$ ; 1-4 scale)
  - CBO=2.3; Clinic=3.1
  - Extent to which environment empowers co-production; restriction - empowering
- *Capacities for Co-Production* differed significantly ( $p=.007$ ; 1-4 scale)
  - CBO=2.3; Clinic=3.1
  - Extent to which end-users are trained in co-production, amount of time spent building capacity for co-production; level of focus on co-production



# Short Responses with CBO

- Supportive executive leadership but questionable among other leaders
- Enhanced opportunities via partnership with local HBCU medical college
- Steering committee involvement as guide, seen as time well-spent
- Research not always translated into practice
- Change resistance impedes adoption of new approaches
- Co-production skills not widely taught or standardized
- No current plan for including broader group of staff
  - They are not likely to have time/ capacity to contribute significantly
  - Little time is dedicated to the effort, with many competing priorities
- Some research capacity-building witnessed, but staff often too overwhelmed with other tasks to fully participate or devote time to achieve research goals.





# Short Responses with Clinic

- Environment supportive of collaborative research
  - Culture empowers stakeholder participation
- Evidence is prioritized
- There is openness for new approaches, with a built-in learning environment
- Focus is on reduction of health disparities
- There is identified need to develop a clear path and capacities for systematic collaborative TIC research
  - (e.g., designated time for personnel to devote to research)



# CBO OTR Results

- Dimensions with highest performance:
  - Collaboration and Empowerment (3.05 $\pm$ .93)
  - Trauma Responsive Services (3.72 $\pm$ .76)
  - Training and Sustaining Trauma Responsiveness (3.14 $\pm$ .83)
- Lowest dimensions:
  - Culture of Trust and Support (2.81 $\pm$ 1.01)
  - Practices of Inclusivity, Safety, and Wellness (2.97 $\pm$ .85)



# What's Next

- Organizational Trauma Resilience:
  - Collect personnel and patient data in clinic
  - Collect data with patients of CBO
- Engage patients with RQ+ 4 Co-Pro items
- Iterative refinements to Trauma Resilience research Co-Production (TRCP) strategies based on TRCP model
- Pilot and validate TRCP model



# Trauma Resilient Research Co-Production Model

- Assess safety of participating in research
- Assess if environments are supportive of research production and knowledge synthesis
- Assess if participants of research think the topics are relevant
- Assess if participants of research receive results of findings
- Assess if participants are included as experts to co-produce research

# Conclusion

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- Co-production was seen as research approach likely to be supported by clinic and CBO
- OTR results indicated areas of strength that may be leveraged to address areas of improvement
- Future co-production research strategy will be tested as TRCP model and the model will be tested for validity.



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