A. SPECIFIC AIMS

Summit on the Advancement of Focused Equity Research in Trauma (SAFER-Trauma)

Trauma, or physical injury from mechanisms such as motor vehicle crashes, violence, or falls, is the leading cause of death for Americans under age 46.(1) In 2016, a report from The National Academy of Sciences Engineering and Medicine (NASEM) estimated that as many as 20% of all deaths from trauma may be prevented with optimal trauma care, which translates to nearly 300,000 lives saved over ten years.(2) In an ideal circumstance, trauma care should be “the great equalizer” – trauma care should be provided to all who present with injuries, regardless of insurance status, skin color, or other factors. However, research in trauma populations over the last fifteen years has largely demonstrated that poor outcomes after injury disproportionately affect Americans from unfairly disadvantaged racial and ethnic minority groups, rural and inner-city residents, economically marginalized groups, children, and older adults.(3) Mechanisms underlying these disparities have been posited to include economic and insurance variation, institutional and implicit bias, trauma center access, and geographic barriers.

“Heath disparities” are differences in health status related to social or demographic factors such as race, gender, income, or geographic region. Health “inequities,” in contrast, are defined as health differences that are avoidable, unnecessary, unfair, or unjust.(4) Measurement of health disparities can assess whether progress is made toward achieving health equity. In trauma, despite research demonstrating that disparities are present, pervasive, and persistent in trauma, we have not yet developed unified strategies to address, reduce, and eliminate health inequities. Formidable barriers hinder the development of solutions addressing inequities in trauma care. Some examples include: the emergent nature of trauma care hinders timely, culturally sensitive enrollment in clinical trials; recruitment methods must include but not exploit populations who are historically excluded from such studies; and existing databases often omit fields for race, ethnicity, or other sociodemographic data points.(5) Disparate access and resource availability also limit the equitable provision of optimal care. These formidable problems require a deliberate approach to develop and test possible solutions.(5) We propose a 2-day summit to generate research strategies to identify trauma-related health inequities, elucidate their underlying causes, and develop innovative interventions to address, reduce and eliminate them.

Our proposed summit will be organized and administered by the Coalition of National Trauma Research (CNTR), a 501c3 organization developed to bring the trauma community together through partnerships with all the major national trauma organizations. CNTR's vision is to reduce death and disability from trauma through the development of a national trauma research network. CNTR represents nearly 157,000 professionals in diverse medical fields, including trauma, burn, orthopedic and neurological surgeons, emergency physicians, trauma nurses and EMS providers, geriatric and rehabilitation specialists, and survivor and patient support communities. It has helped to define and disseminate the trauma research agenda and has managed roughly $90 million in research projects at 70 institutions in the U.S. As a trusted advocate for trauma research, CNTR has organized two conferences and numerous web forums related to trauma research, resulting in new research collaborations, funding, and publications. CNTR has a reputation for organizing and hosting high-quality conferences to produce transformative change. Our proposed summit will convene key stakeholders to illustrate health inequities in trauma, highlight relevant current research, and address the following aims:

Aim 1: Characterize current gaps regarding research in health equity in trauma
Aim 2: Identify funding mechanisms and pathways for collaboration
Aim 3: Outline a research agenda to address inequities in trauma

The summit is being organized by the CNTR Equity Diversity and Inclusion Committee, which comprises representatives from all the major national trauma organizations who are passionate about trauma outcomes, research, and equity. The reach of the organizing committee will allow for the engagement of clinicians, researchers, and stakeholders to prioritize research into health inequities via an interdisciplinary and collaborative network and develop an actionable research agenda. These collaborations will lay the foundation to test, disseminate, and assess effective practices to identify health inequities in trauma care, elucidate their underlying causes, and develop interventions.