

Name, Degree: Deirdre Logan, MD, MMM, FACOG

Professional Title, Organization: Assistant Professor of Clinical Obstetrics and Gynecology, Keck Medicine of USC, Student Health

CHIP Title: Trauma informed care transformation and universal screening for ACEs/Toxic Stress in a Student Health setting

Project Description

My CHIP project is Trauma Informed Transformation of a Student Health Center and Universal ACEs screening. I am currently an Assistant Professor of Clinical Obstetrics and Gynecology in USC Student Health. Prior to joining USC in 2018, for 10 years I was Chief physician of an Ob/Gyn department in a Federally Qualified Health Center in South Los Angeles. Our service planning area had some of LA County's highest rates of STIs, Teen pregnancies, Preterm deliveries, Low birth weight babies, and all cause morbidity and mortality rates. Exposure to toxic stress and adverse childhood experiences are higher in racial/ethnic minorities, women, immigrants, LGBTQ+ individuals, people with disabilities, those living in poverty, and other historically marginalized groups, and within these groups there is an increased risk of being adversely affected by trauma; our patients represented many of these groups. We universally screened all OB patients for depression with PHQ9s; although a great screening tool, it wasn't the optimal screen for our patient population.

Many of my current patients, college students, are experiencing high levels of stress; this coupled with histories of ACEs and toxic stress may negatively affect mental health and academic performance. According to SAMHSA, in community samples more than two thirds of people have experienced a traumatic event by age 16; other studies note more than one third of adults in the general population have experienced at least two ACEs. Newer cohorts report more ACEs than older cohorts indicating the incidence of ACEs may be increasing¹. Even students without overt signs of stress may have histories of toxic stress. Toxic stress can have significant impact on academic performance, physical, and mental health outcomes, so universal screening of patients can provide opportunities for early interventions to mitigate toxic stress, prevent academic barriers to success, and increase positive health-related outcomes.

I am the Chair of USC Student Health's Trauma Informed Steering Committee, Co-Chair for the American College of Ob/Gyn's District IX DEI Committee, a member of ACOG's National DEI Delegation, USC Department of Family Medicine's Anti-Racism Task Force, and USC Student Health's DEI committee. My professional, clinical, and personal experiences have cultivated a perspective that considers the intersections between toxic stress and the lived experiences of persons from marginalized groups. The Trauma Informed Steering committee identified ACEs as a screening tool that could be used with our patient population to assess for toxic stress. The original ACE Study was conducted in the late 1990's (by Kaiser Permanente and the CDC) among a clinical population of 17,337 middle-class insured adults, 79.4% were white, had a mean age of 56.1 years, and 43% percent had graduated from college. The study identified a

¹ : Karatekin C. Adverse Childhood Experiences (ACEs), Stress and Mental Health in College Students. *Stress and Health*. 2018;34:36–45. <https://doi.org/10.1002/smi.276>

set of 10 categories of common, adverse experiences occurring in the first 18 years of life, and confirmed ACEs are highly prevalent and demonstrate a strong dose response relationship with numerous negative health and social consequences in adulthood². With a DEI lens and guided by the SAMHSA principle of gender and cultural awareness, we created a hybrid ACEs questionnaire to reflect the diversity of our population and their experiences. Our modified ACEs is 18 questions and is an amalgamation of the original 10 ACEs with additions from the Expanded Philadelphia ACEs and the ACEs IQ (International) to include other items that focus on community ACEs (discrimination, poverty, community violence, foster care, and neighborhood safety).

Key Findings and Lessons Learned:

June 2022 – December 2022 we conducted a Pilot Study with our modified ACEs questionnaire. 1,903 students were invited to participate in the pilot, 127 (6.7%) of students offered the questionnaire completed it. 80 students (62.5% of respondents) scored three or higher on the ACEs survey. The pilot project helped increase awareness of the prevalence of ACEs in our patient population, however a follow up process wasn't well developed and opportunities for referrals and preventive interventions were missed. Now we have an optimal screening tool, but not the optimal clinical process, resources, or environment.

My CHIP project pivoted to a transformation initiative and the adoption of a universal precautions comprehensive approach on all levels of the organization to ensure all patients, the workforce, and leadership feel safe. The organization would need to acknowledge trauma is pervasive and work from the assumption that all individuals have likely experienced trauma in their life. In order to heal, individuals need safe environments.

Our strategies to adopting Trauma informed approaches involve foundational organizational level steps guided by SAMHSA's 6 guiding principles of Trauma Informed Care: Awareness, Safety, Trust/Trustworthiness, Empowerment, Choice, Cultural and Gender competence. 5 initial steps for this change are: 1. Assessing our environment 2. Building awareness and generating buy-in 3. Supporting a culture of workforce wellness 4. Hiring (Training) a workforce that embodies the values of Trauma informed care, and 5. Creating a safe physical, social, and psychological environment. The goal of this transformation is to create a Health system and environment in which individuals feel seen, heard, and cared for, and are not re-traumatized by the system. This transformation will create an optimal environment (Trauma Informed organization) in which our optimal screening tool (modified ACEs) can be used universally to identify opportunities for effective interventions to mitigate toxic stress and improve health outcomes for our student patients.

Next Steps:

- To work with Leadership to create an Implementation team and develop a standardized Training curriculum for the entire workforce. The training will be job specific and used during the onboarding process for new hires, and for periodic re-training for the entire workforce. The training will be located on a platform that will allow monitoring and tracking of all individuals and the organization overall.

²The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health

- The second step will be to collaborate with Student Health and campus partners to develop patient centered management plans based on ACE scores to mitigate toxic stress and improve outcomes.
- The third step will be to launch Pilot Study 2.0 with a few revisions from the initial Pilot Study.
- What I learned that may benefit other fellows and alumni.... Get support and buy in from all key stakeholders, the earlier the better. Meet regularly, biweekly, or monthly for new change initiatives. Communicate clearly, concisely, and often with key stakeholders.