

Adverse Child Experiences and Trust in Medical Professions: Research Supporting the Need for Trauma Informed Primary Care

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Columbia A



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Overview

- History of our Engagement with Homeless Youth
- Community-Engaged Research Results
- Group World Café Discussion



OU School of Community Medicine & Youth Services of Tulsa (YST)

- Past
- Present
- Future



Research Philosophy

- Our research conducted in partnership with YST follows the philosophy of “community engaged” research.
 - **Approach championed by the National Institutes of Health as a next step in reducing health inequalities.**
- Research was done in partnership with YST that includes the active use of data to shape health care delivery to YST clients.
 - **The agency uses the data to obtain grants and to improve service.**
 - **Findings are shared with both the agency and clients.**



Phase I Summer 2012

Design

- Individual Interviews
- Focus Groups
- 23 youth, aged 16-24 years

Purpose

- The goal was to develop models of health care delivery based on homeless youth suggestions. All interviews and focus groups were reviewed to capture common “themes”.



Identified Themes

- Homeless youth commonly reported an experience of adult perpetrated trauma.

“From age 14, I’ve lived on my own, lived on the street, did my hustle game...did what I had to do to survive. I was with my brother ... who had his own troubles; his mother decided to choose a guy over him, left him in the trailer and moved in with that guy...”

“Basically, I was in child protective services in Houston, Texas and I got a chance to get emancipated...I came because my grandmother was here.”



Identified Themes

- Homeless youth reported a suspicion of health care providers.

“I would rather see a doctor that cares more than ... be treated like you’re the stupidest person on the planet, or a fungus,...treated like you have no intelligence at all...I’m better than you because I went to medical school.”

“Be a little more understanding... At least consider some of my ideas in the treatment plan instead of shoving me off like I don’t know what I’m talking about. I don’t know everything just like he don’t know everything, you know, but the difference is I can admit it.”



Identified Themes

- Avoidance of health professionals was common.

“...it's deal with it (health concerns) until you have no other choice.”

“Well, me, I'm probably different than most people ... I can take and make splints; I know how to splint my fingers. I can splint my arm if I really had to, if it's broken. Basically I do the best I can, if somebody I know needs help, or if they've broke their leg or ankle...”



Phase II Research Questions

- Is there a statistical relationship between childhood trauma and trust in medical professionals?
- Is there a statistical relationship between attachment style and trust in the medical profession?



Phase II Summer 2013

- Surveyed homeless youth (N=107) using the following scales:
 - Adverse Childhood Experiences Scale (Short Version 0-10 Scale)
 - e.g., “Did a parent of or other adult in the household **often...**
Swear at you, insult you, put you down, or humiliate you, OR act in a way that made you afraid that you might actually be physically hurt? “
 - “Did an adult or person at least 5 years older than you **ever...**
Touch or fondle you or have you touch their body in a sexual way, OR
Try to or actually have oral, anal, or vaginal sex with you? “
 - Trust in the Medical Profession Scale
 - e.g., “A doctor would never mislead me about anything.”
 - “Sometimes doctors care more about what is convenient for them than about their patients’ medical needs.”
 - Adult Attachment Scale
 - e.g., “People are never there when you need them. “



ACE Scores and Health

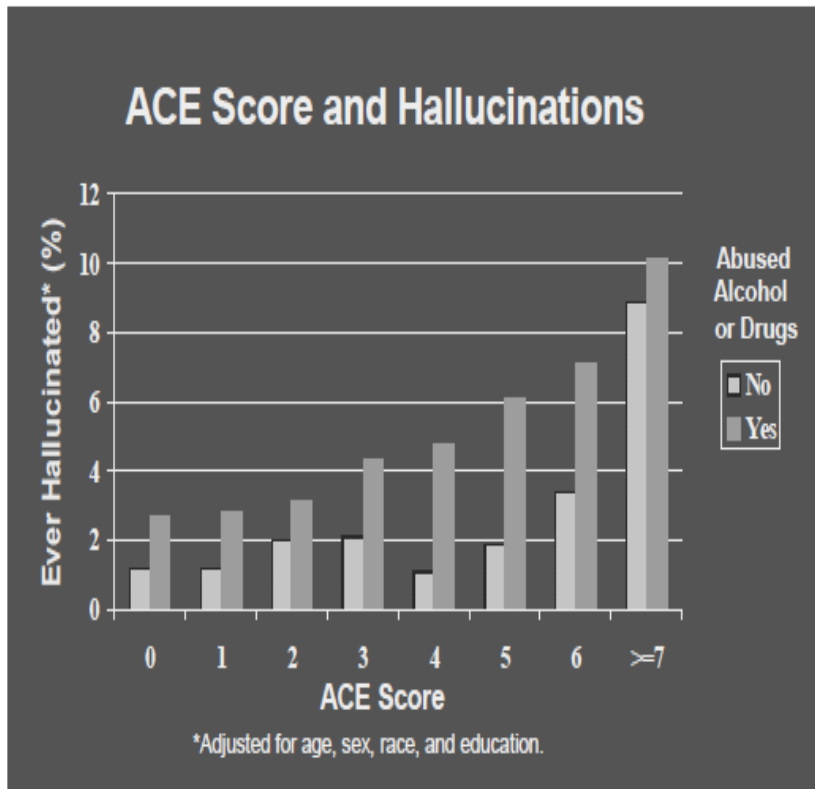


Fig 1D

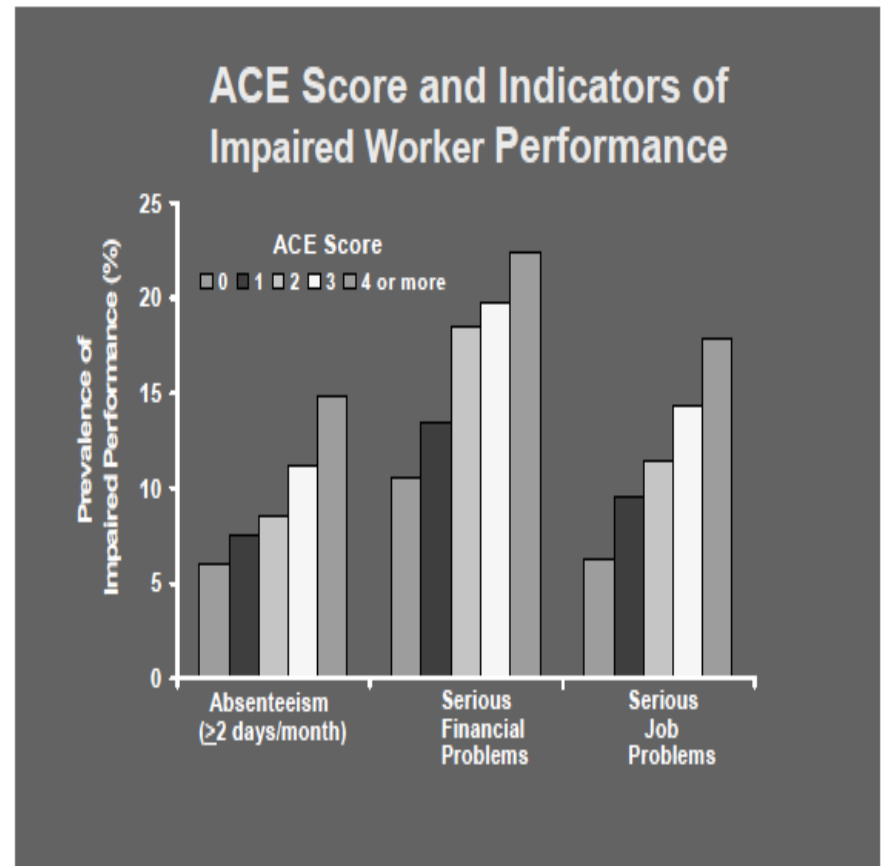


Fig 3C

ACE Scores and Health

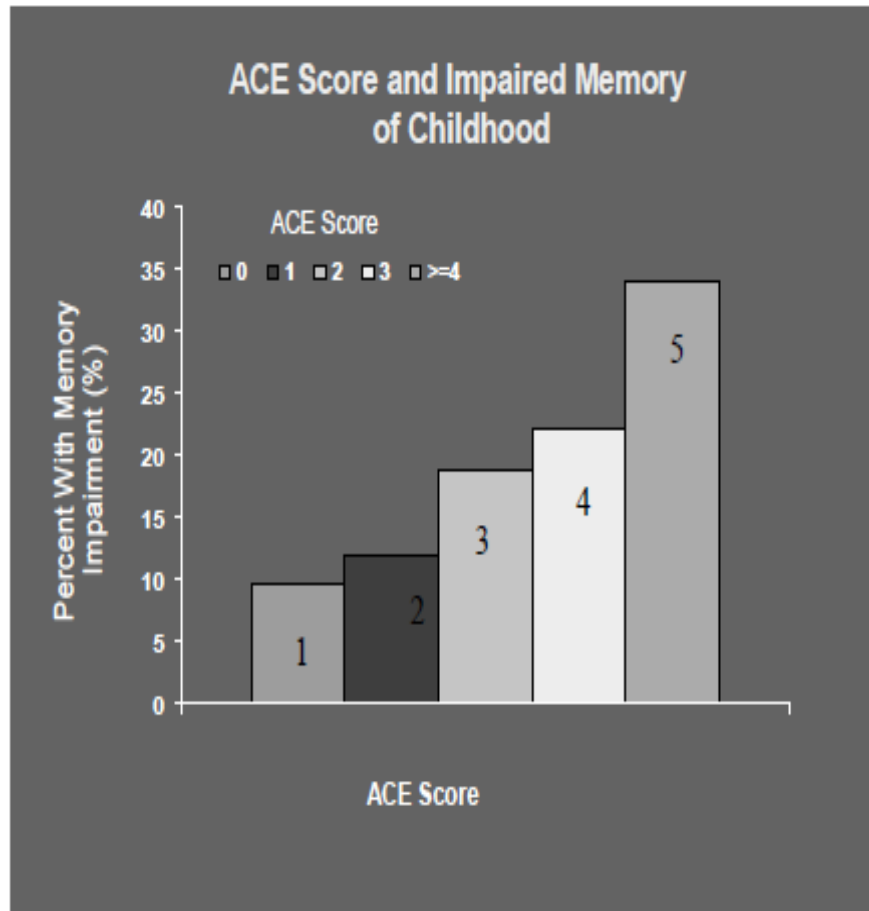


Fig 1F

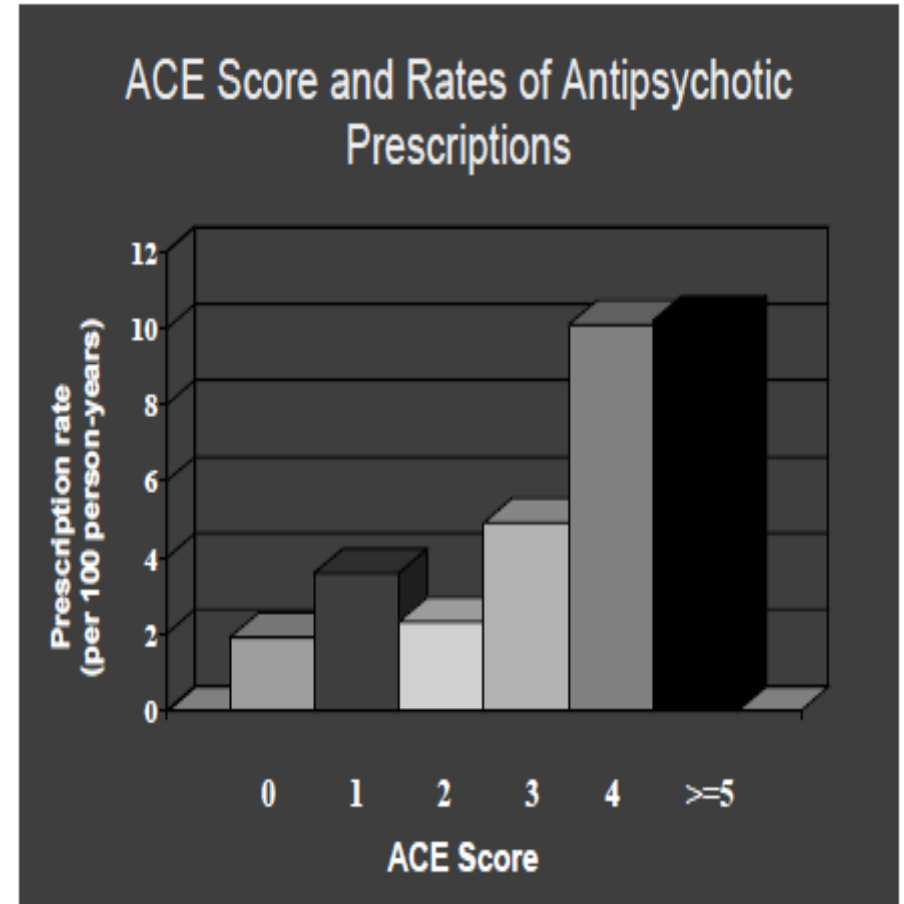


Fig 5A

Felitti, V. J. & Anda R. F. (2008).



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General Demographics (N = 107)	Summary Statistics (%)
<i>Gender</i>	
Male	66.4
Female	33.6
<i>Mean Age in Years</i>	
	20.31
<i>Race</i>	
White	45.8
African American	28.0
Multiracial	13.1
American	5.6
Indian/Alaskan Native	
Other	4.7
<i>Education Level</i>	
Some high but didn't graduate	52.3
GED/High School	30.8
Some College	8.4
8 th grade or less	5.6
Other	2.8
<i>Mean ACE Score</i>	
	5.5
<i>ACE Scores by Category</i>	
0	6.5
1	4.7
2	11.2
3	4.7
4	10.3
5	8.4
6	13.1
7	8.4
8	13.1
9	12.1
10	7.5



Comparisons (National sample v. YST)

Number of Adverse Childhood Experiences (ACE Score)	Women	Men	Total
0	34.5	38.0	36.1
1	24.5	27.9	26.0
2	15.5	16.4	15.9
3	10.3	8.6	9.5
4 or more	15.2	9.2	12.5

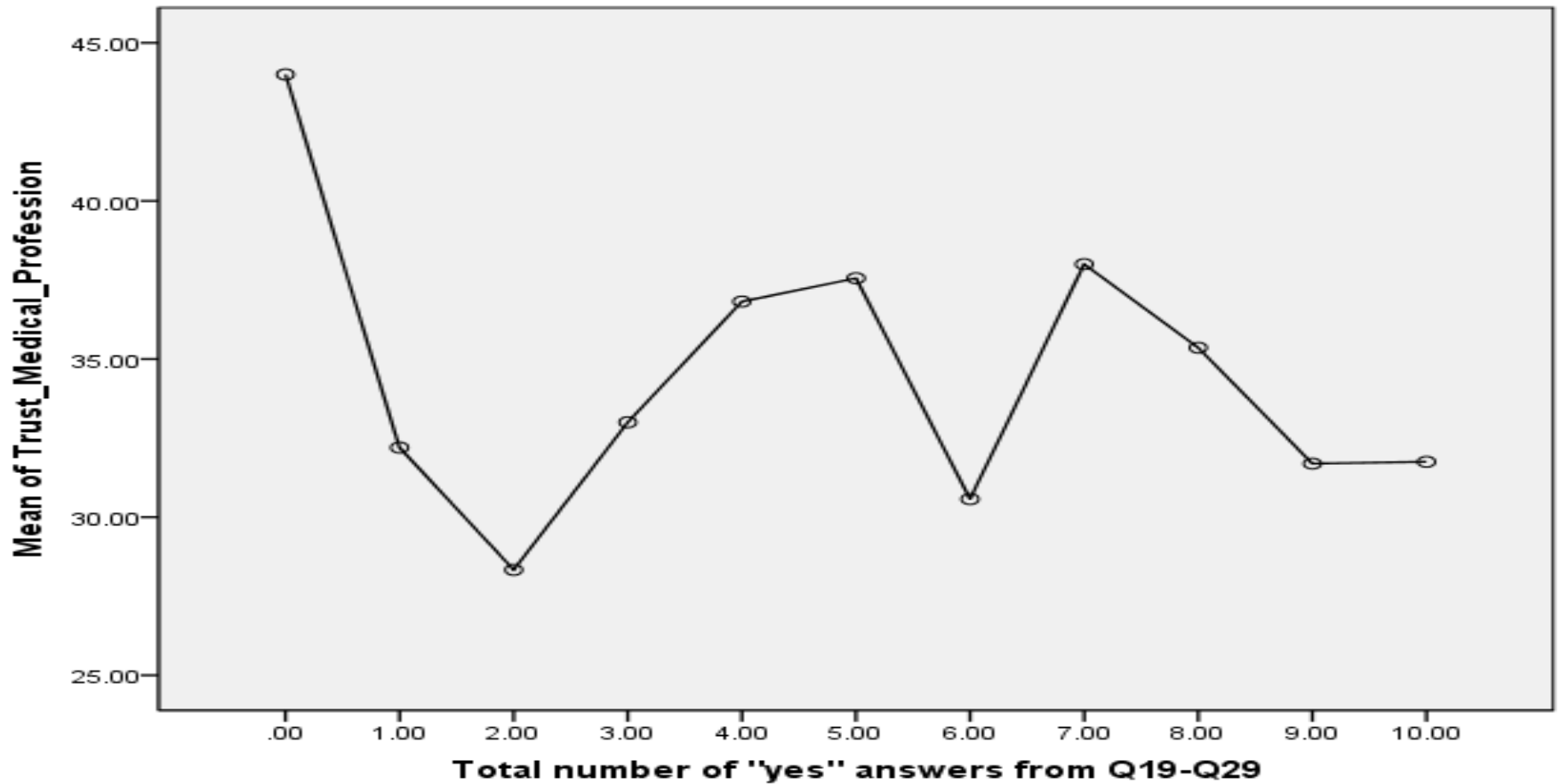
(N= 17, 337) Centers for Disease Control, 1997. Available at: <http://www.cdc.gov/ace/prevalence.htm#ACED>

Number of Adverse Childhood Experiences (ACE Score)	Women	Men	Total
0	3.0	4.0	7.0
1	3.0	2.0	5.0
2	2.0	9.0	11.0
3	1.0	4.0	5.0
4 or more	25.0	48.0	73.0

(N=107) YST Survey, 2012.



ACE Groups and Trust in the Medical Profession



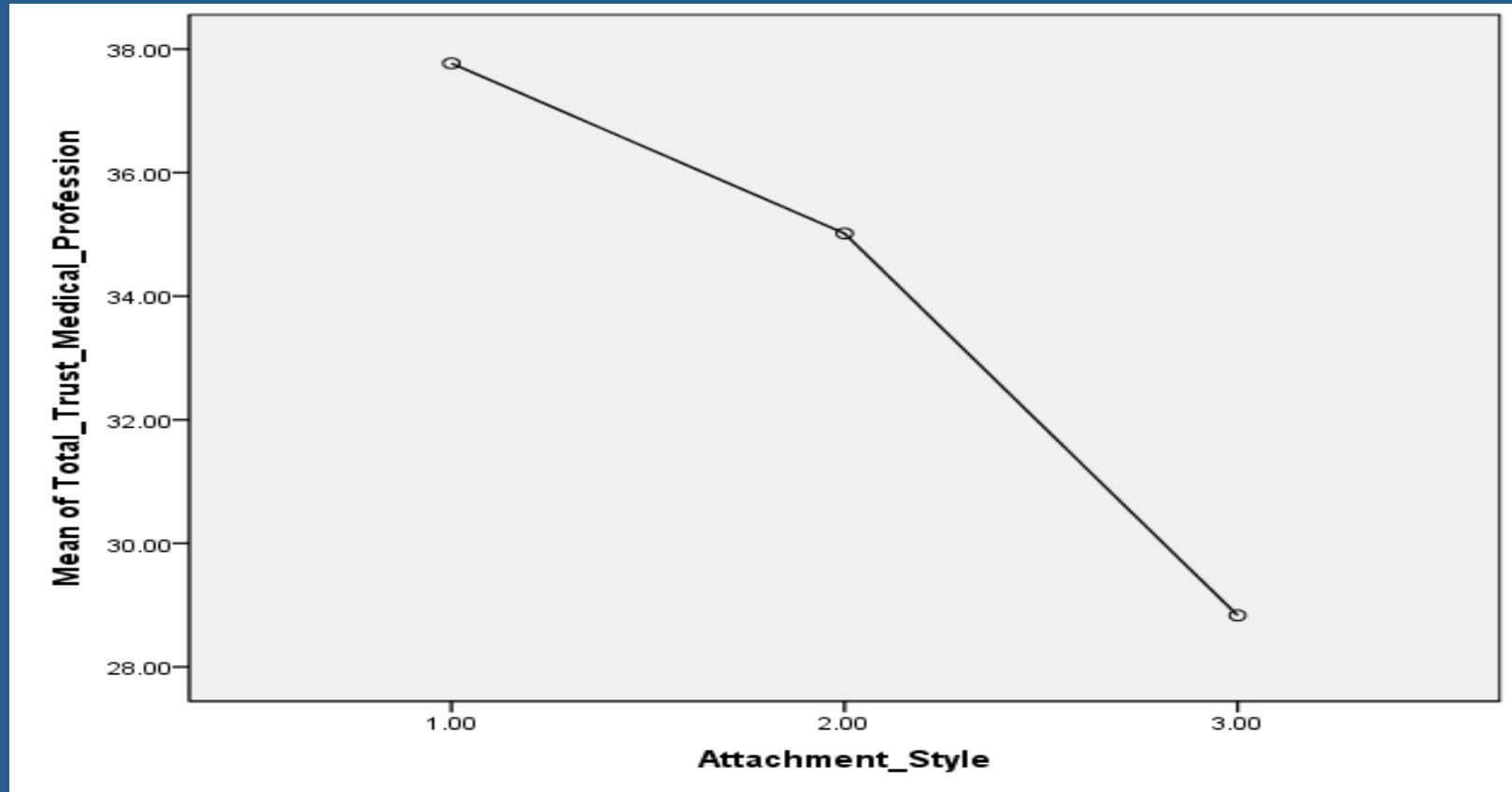
0 ACE Group	1	2	3	4	5	6	7	8	9	10
0 (M = 44.0)	32.2*	28.3*	33.0*	36.8	37.6	30.6*	38.0	35.4	31.7*	31.8*

* $p < .05$



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Attachment Style and Trust in the Medical Profession



Insecure Group	Moderate Group	Secure Group
0 (M = 28.8)	35.0*	37.8*

* $p < .05$



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Trauma Informed Primary Care

Conclusions

Taken as a whole, our data begins to explain a contributing factor to poor longitudinal health for ACE victims.

ACEs are associated with lower trust in the medical profession, with lower trust in the medical profession being shown to be associated with less willingness to seek care, to share sensitive information, and to follow provider recommendations.

Trauma informed primary care is the answer.



World Cafe

- What are the elements of trauma informed primary care?
- What is the role of ACE's and Trust in the Medical Profession in the era of Medicaid expansion?
- Are homeless youth a distinct sub population of the homeless in regards to health care?



References

Felitti VJ, Anda RF. *The Relationship of Adverse Childhood Experiences to Adult Health, Well-being, Social Function, and Healthcare*. Chapter in Lanius R, Vermetten E. *The Hidden Epidemic: The Impact of Early Life Trauma on Health and Disease*. Cambridge University Press. 2008.

Centers for Disease Control and Prevention, Adverse Childhood Experiences Study. Prevalence of Individual Adverse Childhood Experiences. Visited on March 1, 2013 at <http://www.cdc.gov/ace/prevalence.htm#ACED>

