



Trauma-Informed Primary Care Implementation Advisory Committee Meeting: Key Themes

April 2, 2021

The Trauma-Informed Primary Care (TIPC) Implementation Advisory Committee met virtually on March 16, 2021 and was attended by 38 members. This document summarizes the meeting and the key themes, which will be considered in the ongoing implementation of the ACES Aware initiative. Visit [ACESAware.org](https://www.acesaware.org) for meeting materials.

Meeting Summary

California Surgeon General Dr. Nadine Burke Harris opened the meeting and announced that ACES Aware recently awarded [\\$30.8 million to 35 organizations](#) across California to strengthen and build robust Networks of Care, help connect health care and social support services to support families, mitigate toxic stress, and prevent ACEs. Twenty-seven organizations received 6-month planning grants up to \$300,000 and eight communities received 18-month implementation grants in the amount of \$3 million each.

Dr. Karen Mark, Medical Director at the Department of Health Care Services (DHCS), announced [two data reports released in March](#): the first Medi-Cal claims for ACE screenings and an update on the number of providers who completed the [Becoming ACES Aware in California](#) core training. Between January and June 2020, Medi-Cal providers – primarily pediatric, family medicine, and internal medicine physicians – conducted over 155,000 ACE screenings of more than 130,000 unique Medi-Cal beneficiaries.

Jennifer Ryan, Executive Vice President at Aurrera Health Group, welcomed one new TIPC member:

- **Ms. Cathy Senderling-McDonald**, Executive Director, County Welfare Directors Association of California (CWDA).

In addition, Ms. Ryan mentioned that ACES Aware is looking to recruit more TIPC members, including representation for tribal populations and families/patients with lived experience.



The objectives of the meeting included:

- Highlight ACEs consumer and provider outreach campaigns;
- Update on efforts to promote the science of toxic stress;
- Obtain input on health equity activities; and
- Discuss priorities for the ACE Screening How-To Guide.

Anonymous Philanthropy LLC Consumer Awareness Campaign

Dave Swartz and Sarah Marikos from Anonymous Philanthropy, LLC (Anonymous) presented plans for a consumer-facing, multi-media campaign focusing on building awareness of ACEs in the public. The campaign will include social media channels and celebrity spokespeople, as well as two new websites:

- NumberStory.org, which will ask consumers, “What’s the story of your number?” and is anticipated to launch in May.
- ACEResourceNetwork.com, which will serve as a digital hub for public education materials and connect back to ACEsAware.org.

Many TIPC members received the Anonymous ACEs campaign positively and expressed interest in sharing messages, websites, and resources with their organizations and counties. Major topics of feedback from TIPC members focused on the use of ACE scores in the NumberStory.org website and Anonymous’ market research results:

- Several TIPC members shared concerns that the ACE score is highlighted as the take-home message, rather than highlighting that an ACE score is not individually deterministic. Mr. Swartz and Ms. Marikos responded that they could share videos/evidence of market research indicating that a majority felt hope with the messaging. Ms. Marikos noted that their website will discuss protective factors and the role of positive childhood experiences.
- One TIPC member asked if there has been feedback from the Jewish community about the messaging and use of numbers in the campaign. Mr. Swartz replied that they have been careful to not show people with numbers on them. They have done a large number of focus groups and plan to shift of numbers away from people and on the story.
- Another TIPC member asked how people in their late teens and early 20s responded to the campaign during focus groups. Mr. Swartz answered that the campaign is aimed at the 18 to 30 years-old group, since many

are soon-to-be parents or going through a period of growth. Anonymous has trauma-informed social media content that will encourage people not to share their numbers, but to share their story to help others.

- One TIPC member asked if the materials would be translated into different languages and whether those translations had community feedback. Mr. Swartz confirmed that they do have translated materials, and that they would like to have culturally nuanced and trauma-informed translations.
- Another TIPC member asked if there are plans to ask providers to help push the public campaign, and how the campaign and resources can be leveraged for providers. Mr. Swartz said they want to do more of that work – for example, creating patient materials for the doctor’s office and collaborating with ACEs Aware on the launch of the 2021 Provider Engagement Campaign.

2021 Provider Engagement Campaign

Ms. Ryan presented a proposed creative concept for the ACEs Aware initiative’s upcoming provider-facing marketing campaign developed in partnership with GMMB. The campaign, titled “State of Care,” will highlight California’s approach to addressing ACEs and toxic stress and incorporate messaging that the initiative is raising the standard of practice and that “ACEs are not destiny.”

TIPC members generally approved of the provider-facing campaign concept, with comments specific to different types of providers:

- One TIPC member expressed support and was excited to use the provider-facing materials in their work.
- Another TIPC member mentioned that family medicine physicians may lack confidence to implement ACE screenings in their clinics because they feel the focus of ACE screenings is primarily on children. This TIPC member encouraged the campaign to focus messaging on adult and family medicine providers.
- One TIPC member asked if there is a possibility to roll this out with a 988-suicide prevention campaign, stating that calling 988 can be a clear call to action for primary care providers.

California Maternal Quality Care Collaborative Partnership

Dr. Elliot Main, Medical Director of the California Maternal Quality Care Collaborative (CMQCC), provided a brief overview of their upcoming work on a journal article that reviews literature on prenatal care providers' role in understanding pregnant women's risk for toxic stress, the impact of toxic stress on pregnancy, and clinical outcomes and mitigating toxic stress during pregnancy and through one-year postpartum.

Comments from TIPC members included:

- One TIPC member conducting research on maternity outcomes noted that they have seen a high acceptance of screening for ACEs and toxic stress in maternal care. Patients welcome ACE screenings and often want their partners to also be screened.
- Other members noted that the prenatal period is a critical time for screening, and that CMQCC should consider the addition of a discussion about resilience to not only assess risk, but also assess the underlying strengths that families have.

Science Webinar Series

Ms. Ryan shared information on the upcoming Science Webinar series which will create opportunities for Grantees and providers to build a strong foundation in understanding the science of ACEs and toxic stress.

Comments on the science webinar series from TIPC members included:

- TIPC members inquired whether behavioral health specialists will be brought in to address ACEs and provide referrals to other specialties. Ms. Ryan responded that many grantees are partnering with behavioral health providers in their communities. Dr. Burke Harris added that while people often associate ACEs and toxic stress with mental health, this series will address the science fundamentals to help primary care providers understand their role in addressing ACEs and toxic stress. ACEs Aware is examining how to integrate behavioral health providers into multidisciplinary teams at the community level to appropriately respond to toxic stress in patients.
- One member noted that the updated medical necessity criteria for specialty mental health services in the California Advancing & Innovating Medi-Cal (CalAIM) proposal includes childhood trauma, which is an



important part of guaranteeing access to care. This TIPC member believed that behavioral health professionals should be trained to provide trauma-informed care and appropriate suicide prevention responses, which could help build connections between health care providers and community-based organizations.

ACEs Aware and Health Equity

Ms. Ryan provided an update on the initiative's efforts to identify disparities and promote health equity, including information on: upcoming ACEs Aware webinars, California's cross-departmental "Inclusive by Design" work, and a brief overview of data on the race and ethnicity of people who enrolled in the Becoming ACEs Aware in California training between January and March 2021.

Dr. Robin Ortiz, ACEs Aware clinical advisor, presented an overview of research on communities of color disproportionately impacted by ACEs or toxic stress as well as research on strategies to address ACEs or toxic stress.

The TIPC had a robust discussion on ways that ACEs Aware can address health equity:

- One member discussed how the effects of toxic stress are being exacerbated by COVID-19 and can affect all parts of a person's health, suggesting that local public health departments use this work to inform and respond to toxic stress building up during the public health emergency, especially in communities of color.
- Another TIPC member noted that materials should emphasize how health disparities do not result from race, but rather exposure to racism, to ensure that messaging shifts away from individual blame.
- Dr. Burke Harris discussed the importance of addressing buffering experiences in addition to cumulative dose of adversity. Dr. Burke Harris emphasized the initiative's commitment to using a scientific framework to address exposure to racism as a risk factor for toxic stress.
- One TIPC member said the initiative should examine disparities in access for each of the seven interventions for toxic stress and help find resources that can address those disparities, as well as have an equitable lens when engaging in cross-sector training. Another TIPC member agreed and offered that data can help make the argument for allocating resources to address both the root cause and supplement more resources for toxic stress buffers.

- One TIPC member offered research from Dr. Nancy Krieger that includes validated screening questions for experiences of racism and that the California Department of Public Health (CDPH) used in their [Maternal Infant Health Assessment survey](#).
- Another member shared [the Heckman Curve](#), which shows that economically supporting pregnant women and children offers the greatest return on investment.

ACE Screening How-To Guide

Tanya Schwartz gave a quick overview on the upcoming “ACE Screening How-To Guide,” which is designed in response to providers’ concerns about implementing screening in their clinics. Interested TIPC members will be able to join a separate meeting to discuss priority topics to include in the guide.

Conclusion

Jennifer Ryan highlighted several upcoming webinars and provided a preview of agenda items for the next TIPC meeting in June. One member of the public made a comment. Dr. Burke Harris and Dr. Mark thanked the TIPC for a robust discussion before concluding the meeting.