

scored from 0 - 27 with scores of 5 - 9 indicating mild and ≥ 10 moderate or severe depression.

Results: 50 adolescents and 46 parents participated. Of adolescent participants, mean age was 15.72 ± 1.69 years, 32(64%) were male, 18(36%) Hispanic, 15(30%) African American, 12(24%) multiracial/other. Mean score on the adolescent ACEs self-report Section 1 was 2.04 ± 2.08 and Section 2 was 1.26 ± 1.07 . Based on the PHQ-9 score, 28(56%) adolescents had no depression, 14(28%) had mild, and 8(16%) moderate/severe depression. We found that female adolescents as compared to males had a higher mean PHQ-9 score [6.17 ± 4.42 vs 3.47 ± 3.99 , $p < .05$] and ACEs self-report Section 1 [3.17 ± 2.6 vs 1.41 ± 1.41 , $p < .05$], respectively. We found no meaningful difference in PHQ-9 or ACE scores by race/ethnicity. Using Spearman correlation tests, we found a moderate positive correlation of PHQ-9 score with adolescent ACEs self-report Section 1 [$r_s = 0.44$, $p < .01$] and Section 2 [$r_s = 0.5$, $p < .001$]. The mean parent report of adolescent ACEs for Section 1 was 1.13 ± 1.88 and for Section 2 was 0.61 ± 1 . Using Wilcoxon signed-rank test, we compared parent report of adolescent ACEs with adolescent self-reported ACEs. Parent report was lower than adolescent report for Section 1 [1.13 ± 1.88 vs 2.04 ± 2.08 , $p < .01$] and Section 2 [0.61 ± 1 vs 1.26 ± 1.07 , $p < .01$], respectively.

Conclusions: Consistent with our hypothesis, we found a positive correlation of adolescent ACE score and PHQ-9 score indicating a relationship between a higher number of ACEs and mild and moderate depression in adolescents being seen for an annual well visit. However, contrary to our hypothesis, we found that parents reported significantly fewer ACEs for their adolescents than the adolescents themselves. Further investigation is warranted into measurement of adolescent ACEs by parental report as it may underestimate health risks for this age group.

Sources of Support: N/A.

114.

GENERATIONAL TRAUMA: TEEN PARENT REACTIONS TO A BRIEF INTERVENTION IN THE PRIMARY CARE CLINIC

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Purpose: Exposure to adverse childhood experiences (ACEs) has been linked to poor health and developmental outcomes across the lifespan. Adversity experienced by a caregiver in childhood can lead to a generational transfer of trauma, through an impact on caregiver mental health, parenting behaviors, and parent-child relationships. Adolescent parents have disproportionately high rates of exposure to childhood trauma, putting their offspring at high risk of poor health and developmental outcomes, through the intergenerational transfer of trauma. Prior work has demonstrated that a conversation about ACEs built into pediatric primary care visits can be well received by both parents and providers. Building on these findings, the purpose of this study was to examine teen parent acceptance of a brief conversation about generational trauma conducted during patient visits in the primary care setting.

Methods: The study was conducted in the Healthy Generations program, a medical home for teen parents aged 13-22 and their families, located at Children's National Hospital. 21 families were recruited for this study during in-person clinic visits. The study team developed a "Generational Trauma Conversation Card" (GTCC), a double-sided graphic depicting generational trauma transfer and strategies to

mitigate the health effects of trauma exposure. Healthy Generations physician providers conducted the intervention, a 5 minute open-ended conversation regarding the GTCC utilizing a semi-structured script. Following the intervention, teens completed a 20 question survey composed of Likert scale and free response questions. Participants were compensated with a gift card and this study was approved by the Institutional Review Board at Children's National.

Results: 21 teen mothers participated in the intervention and survey. Mean age was 18 years old. 57% of patients had not heard about generational trauma prior to this visit. 90% were comfortable or very comfortable learning about generational trauma from their pediatrician and 85% preferred to learn about this topic from their pediatrician compared to a therapist or social worker. 71% somewhat or strongly liked how the graphic portrayed generational trauma. 95% indicated that the strategies to reduce the effects of trauma on health, depicted on the back of the GTCC, were somewhat or very clear. 81% indicated that they were likely or very likely to make changes in their life based on this information and 95% would share this information with others.

Conclusions: The GTCC was an effective tool to facilitate discussion regarding generational trauma during patient visits in the Healthy Generations clinic. Teen parents responded positively to the intervention and expressed a preference for learning this information from their pediatrician. The GTCC offers a unique opportunity to incorporate discussion of ACEs with all patients, moving away from a focus on patient's individual ACE score and avoiding common barriers to ACE discussion such as risk of re-traumatization of patients through detailed questionnaires, lack of validated screening tools, and concerns over mandated reporting. In addition, the GTCC is action-orientated focused on patient education and strategies to mitigate the impact of trauma and intergenerational transfer of trauma.

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115.

ASSESSMENT OF A POVERTY SIMULATION IN MEDICAL EDUCATION

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Purpose: According to the US Census 2019 Income and Poverty report, 10.5% of the population lives below the poverty line, and approximately 10.5 million individuals below 18 years were in poverty in 2019. Children and adolescents in poverty are at risk for poor developmental and psychosocial outcomes, presenting a significant financial burden for families and the general public. Yet low-income populations continue to face barriers to healthcare, leaving them vulnerable to worse health outcomes. Unfortunately, medical students may adopt unfavorable attitudes toward low-income patients due to lack of empathy, poor understanding, and burnout, which negatively affects patient care. A poverty simulation module was included in the medical student curriculum at our institution to improve understanding and empathy toward low-income patients.

Methods: IRB approval was obtained prior to data collection. Participants included medical students in one US medical school from 2018 to 2021. In 2021, students participated virtually due to the COVID-19 pandemic, though the objectives and methods remained the same as in person. Participants were placed in a poverty simulation, roleplaying as one of 26 different families facing poverty across four, 15-minute

weeks with limited resources and additional social and medical challenges. Students completed a pre-simulation and post-simulation survey with free response and 23-items questioning perceptions of socioeconomic barriers (Perceptions), confidence in handling low-income populations (Confidence), and likelihood of addressing poverty (Likelihood). Each category was scored on a numeric scale that was summed together. The difference in scores between pre- and post-simulation survey responses was measured for significance using Wilcoxon and paired t-tests. The virtual simulation scores of 2021 were also compared with in-person scores from 2018 to 2020. Student free responses were then categorized into 10 topics and measured for variation with standard t-tests.

Results: The post-simulation survey results showed increased scores from 2018 through 2021 with an average difference of +1.21 for Perceptions, +1.29 for Confidence, +3.27 for Likelihood. Only Confidence and Likelihood score increases were found to be significant with p-values ranging from 3.66E-17 to 9.95E-05 across all years ($p < 0.05$). The Perceptions category showed no significant difference from 2018-2020, except 2021 which showed a p-value of 1.26E-04 ($p < 0.05$). For in-person versus virtual simulation, there was a significant difference in average sum difference across all categories of 7.31 and Z score of <0.0001 ($p < 0.0001$). Students' free responses commonly focused on the difficulty of budgeting in poverty with no significant variation between years ($p < 0.05$).

Conclusions: A significant improvement was seen in confidence when treating low-income populations and likelihood of addressing poverty in several iterations of a poverty simulation among medical students. This study is limited by variance in student responses, issues with pre- and post-simulation survey matching, and response restriction to numbered scales as opposed to free response. The results of this project encourage the continuation of this simulation among medical students and its expansion to other health professional programs.

Sources of Support: ELS Staff at University of Southern Florida Morsani College of Medicine.

116.

CONDUCTING AN ONLINE SURVEY OF YOUTH EXPERIENCING HOMELESSNESS DURING THE COVID-19 PANDEMIC EMPLOYING YOUTH PARTICIPATORY ACTION RESEARCH: LESSONS LEARNED

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Purpose: Over 4 million unaccompanied minors and youth experience homelessness yearly in the US, yet their voice is largely silent in national surveys. Thus their needs are little accounted for in policy and planning. Research studies of youth experiencing homelessness (YEH) rely primarily on convenience samples in a single geographical area, generally large cities. Youth-engaged methods are needed to ensure the inclusion of a large and diverse population of youth from a broad geographic area. In order to assess the needs of youth in San Francisco and Alameda Counties, we conducted a pilot online survey, the COVID-19 Youth Impact Survey, employing Youth Participatory Action Research (YPAR).

Methods: Undergraduate and graduate students with lived experience of homelessness or extensive experience serving unhoused communities, along with paid community interns with lived experiences were recruited and trained to design, administer and analyze an online survey in English. Respondents were recruited through flyers, social media, youth-to-youth word of mouth, collaboration with multiple nonprofit, governmental and youth collaborators. service providers across the counties, high schools, McKinney Vento providers, youth advisory boards, local community colleges and our university, and SF, Oakland and Alameda County local government. The survey included items to identify bots or repeat survey takers as well as some open-ended questions. We posted resources for vulnerable youth, information about our team and relevant prior publications for participants. We employed the same site to publicly post preliminary data results. The survey initially offered no monetary reimbursement, however an online \$10 reimbursement was added early in the process. The study was approved by the UC Berkeley Committee for the Protection of Human Subjects.

Results: We received 4,487 responses to our English language survey in over two and a half weeks. We had few responses initially when no reimbursement was offered (approximately 30 over 18 weeks). We instituted a \$10 gift card after IRB approval was obtained and received 1720 responses within 48 hours, followed by two rounds of closing the survey and making before closing it. We cleaned the data primarily through analysis of open ended items. Use of a virtual UID, CAPTCHA, and physical location identified few of the invalid responses. After final data cleaning, 386 youth from San Francisco and Alameda counties had responded. The demographics of our sample are reported elsewhere. However, although the sample included primarily respondents from larger cities (Oakland, SF, and Berkeley) we also recruited respondents from surrounding suburban areas and smaller cities.

Conclusions: Engagement of youth through an online platform is challenging due to methodological and reimbursement limitations. Engagement of youth in large-scale surveys will require providing reimbursements that are meaningful to youth while limiting bots and opportunistic respondents.

Sources of Support: This study was funded by the UCLA Life Course Intervention Network, and the UCSF Benioff Homelessness and Housing Initiative.

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COVID-19 YOUTH IMPACT SURVEY: THE EFFECTS OF COVID-19 ON YOUTH EXPERIENCING HOMELESSNESS

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Purpose: Youth experiencing homelessness (YEH) are at greater risk of contracting COVID-19 than their peers, and are more likely to face obstacles related to their developmental success as a result of the pandemic. We conducted a web-based survey to examine COVID-19-related changes in YEH's ability to engage in activities necessary for their successful trajectory to adulthood. We utilized a YPAR model to cultivate the involvement of youth voice and leadership in the research process.

Methods: Undergraduate and graduate students with lived experience of homelessness or extensive experience serving unhoused communities, along with paid community interns with lived