

Adverse Childhood Experiences and Child Health: Integrating ACES Assessment and Intervention into Health Care Settings

Institute on Violence, Abuse and Trauma (IVAT)

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Disclosures

- Pilot Project (2015-2016): Caring for Colorado Foundation
- 3-year continuation/expansion: Catholic Health Initiatives
- *SCAN* is a joint initiative of:
 - St. Mary-Corwin Health Foundation,
 - Southern Colorado Family Medicine,
 - Catholic Charities, Diocese of Pueblo Inc.,
 - University of Denver, Butler Institute for Families

Project Team

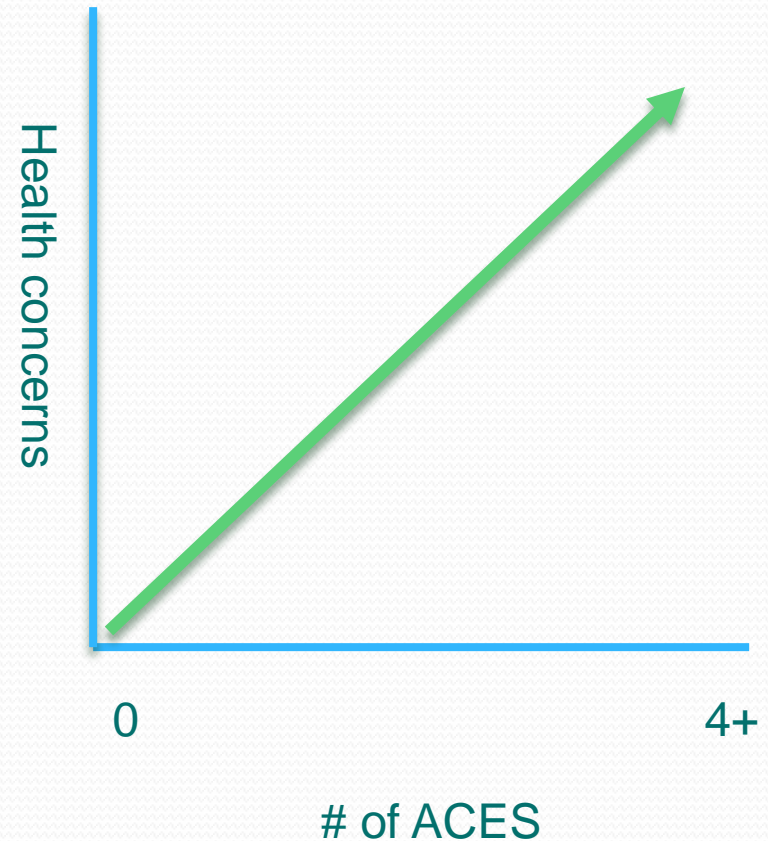
- Kaitlin Leckie, Director of Behavioral Health Education, Southern Colorado Family Medicine
- Leslie Dempsey, MD, Faculty Physician, Southern Colorado Family Medicine Residency
- Cindy Lau, St. Mary Corwin Health Foundation and Violence Prevention Regional Planner
- Jayne Mazur, Centura Health Foundation
- Ida Rhodes, Catholic Charities Diocese of Pueblo, Colorado

Learning Objectives

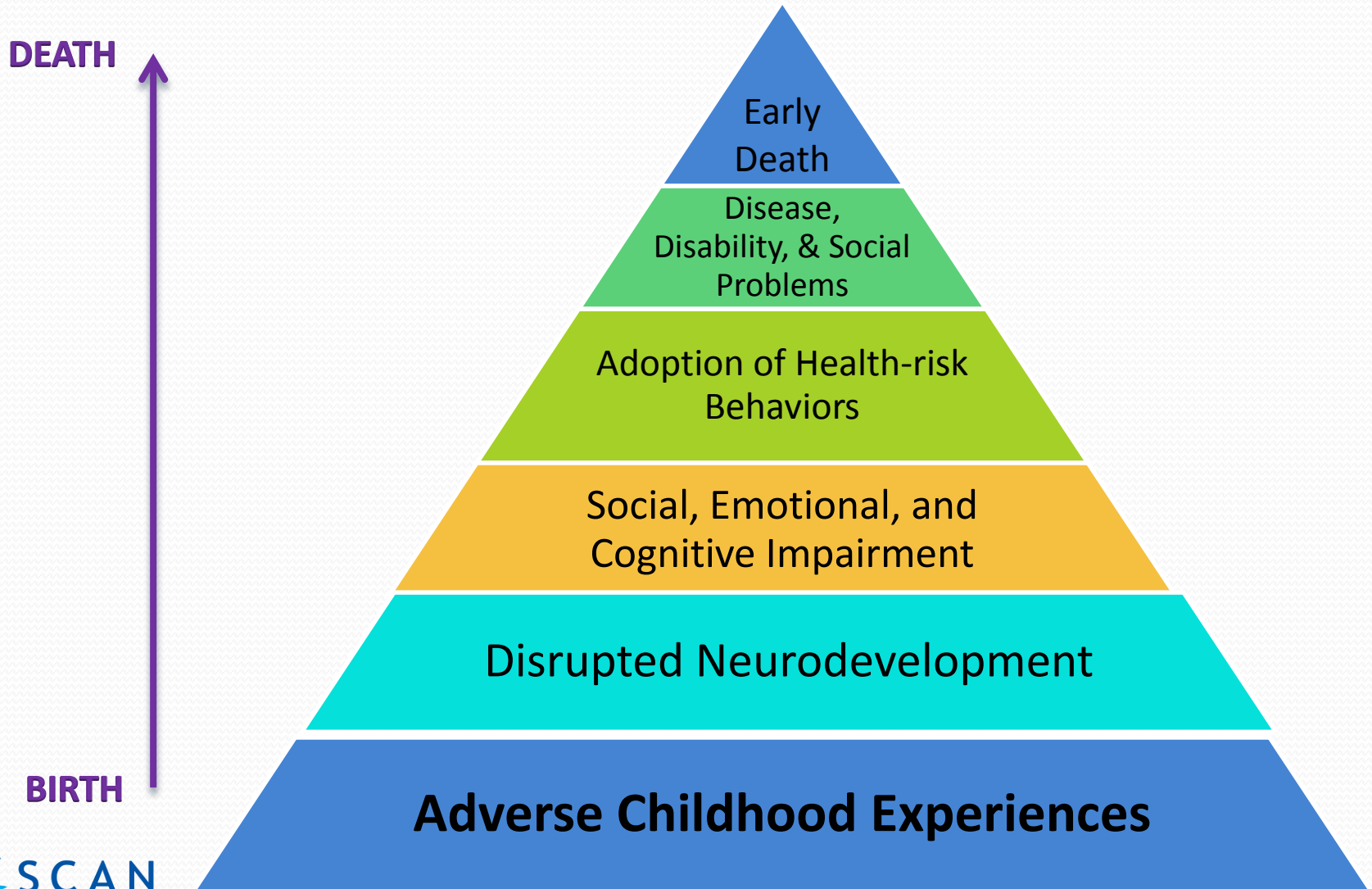
1. Define ACEs and how they impact biopsychosocial concerns in primary care.
2. Explore an example of how ACEs assessment and intervention is successfully integrated into a busy Patient Centered Medical Home (PCMH) clinic embedded in a family medicine residency.
3. Discuss resources offered to population of pregnant women and parents of children 5 years and younger, following ACEs/SCAN intervention in our clinic.
4. Understand preliminary data, including frequency at which high ACEs scores are observed and clinicians' perspectives of impact on work flow, patient's overall health, and physician-patient relationship.

ACES

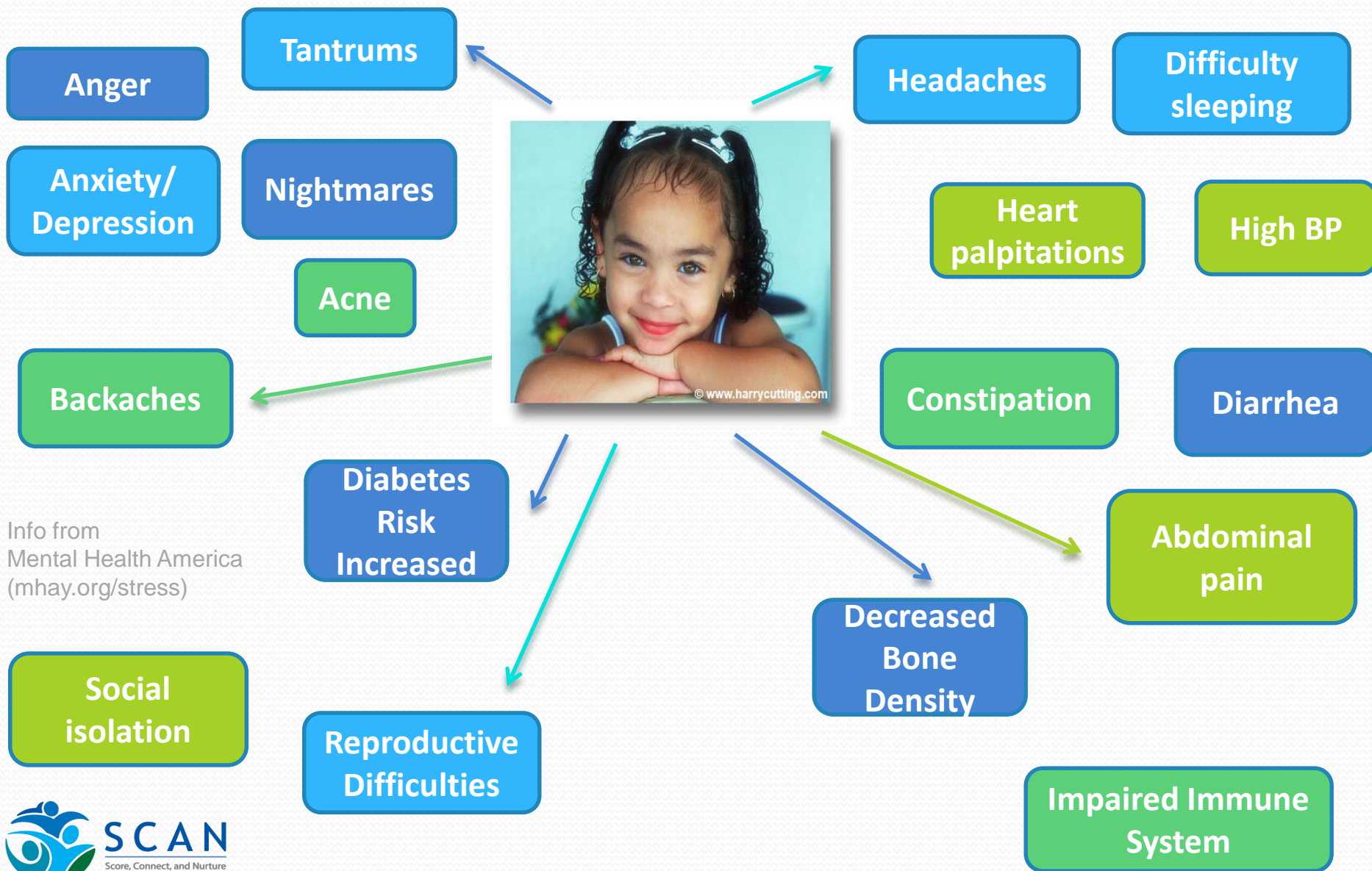
- 1. Emotional abuse
- 2. Physical abuse
- 3. Parent substance abuse
- 4. Parent incarceration
- 5. Sexual abuse
- 6. Parent separation or divorce
- 7. Mother treated violently
- 8. Household mental illness
- 9. Physical neglect
- 10. Emotional neglect



How do ACEs affect health?

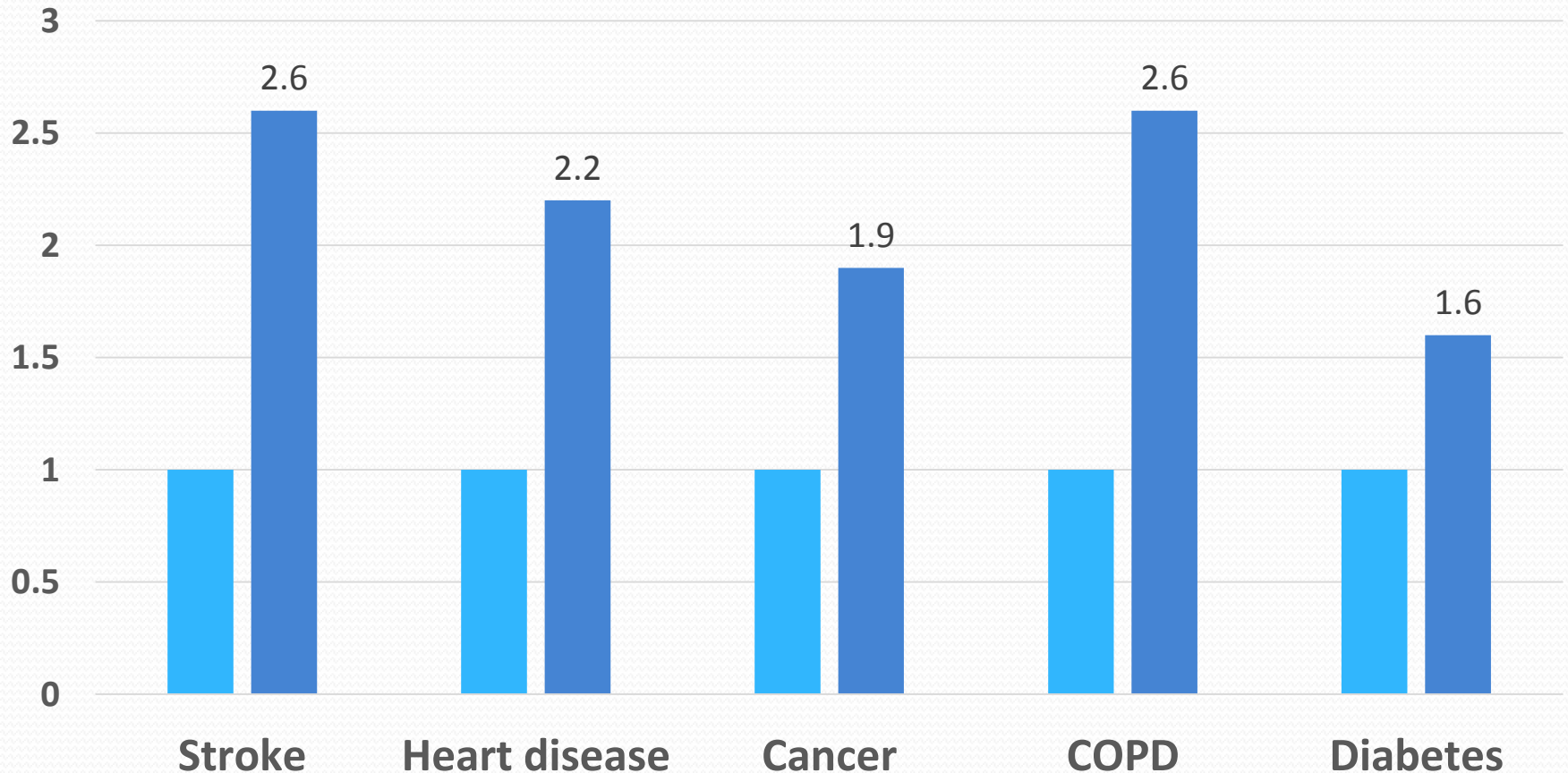


Physical Manifestations of Toxic Stress



Info from
Mental Health America
(mhay.org/stress)

ACES and Health Conditions



What reduces ACES?

- Awareness, education, and support
- Early intervention
- Comprehensive, Community-based approach

“Slowly, I have come to see that Asking, and Listening, and Accepting are a profound form of Doing”

– Vincent J. Felitti, M.D.

Southern Colorado Family Medicine Clinic

- NCQA Level III Patient Centered Medical Home (PCMH)
- Underserved, mostly Medicaid/Medicare
- Patient load:10,000 (translating to 17,000 patient visits/year)
 - 60% Hispanic/Latino
 - 3% Spanish language
- Dually-accredited family medicine residency (MD & DO)
- SCFM clinicians:
 - Faculty: 5 physicians + 1 Dir. Behavioral Science
 - 17 resident physicians (DO, MD)
 - 1 NP, 1 PA
 - 1 Integrated BHC (LPC) and 1.5 Integrated HC Coordinator (RN & LPN)

Why SCAN at SCFM?

Pueblo County Health Status



Length and
quality of life

Social &
economic factors

High-risk births,
smoking during
pregnancy, child
deaths

Planning & Implementation

- Searched for models
- Created our own:

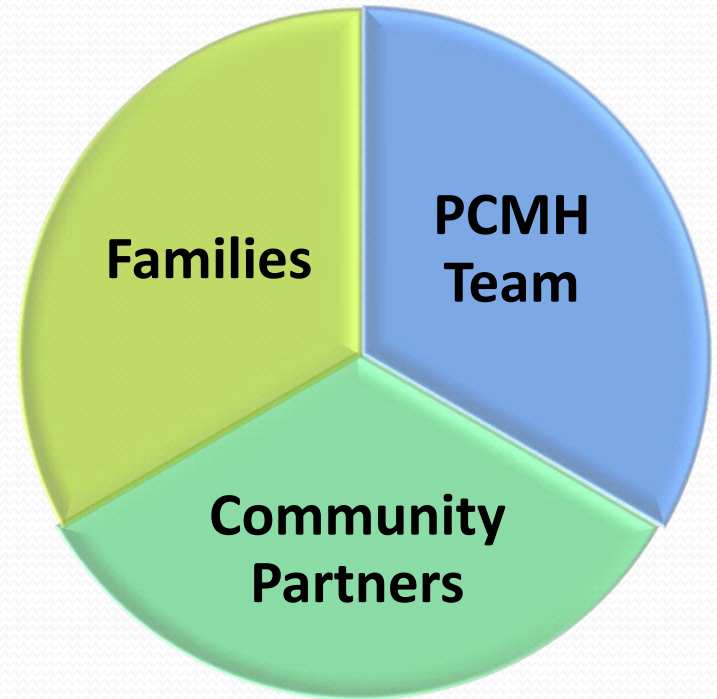


- Primarily grant-funded at present

SCAN GOAL

Increase the number of families who receive targeted preventive services aimed to reduce the number of household ACES to which young children are exposed, thereby reducing their, and their parent's, risk for long-term health conditions.

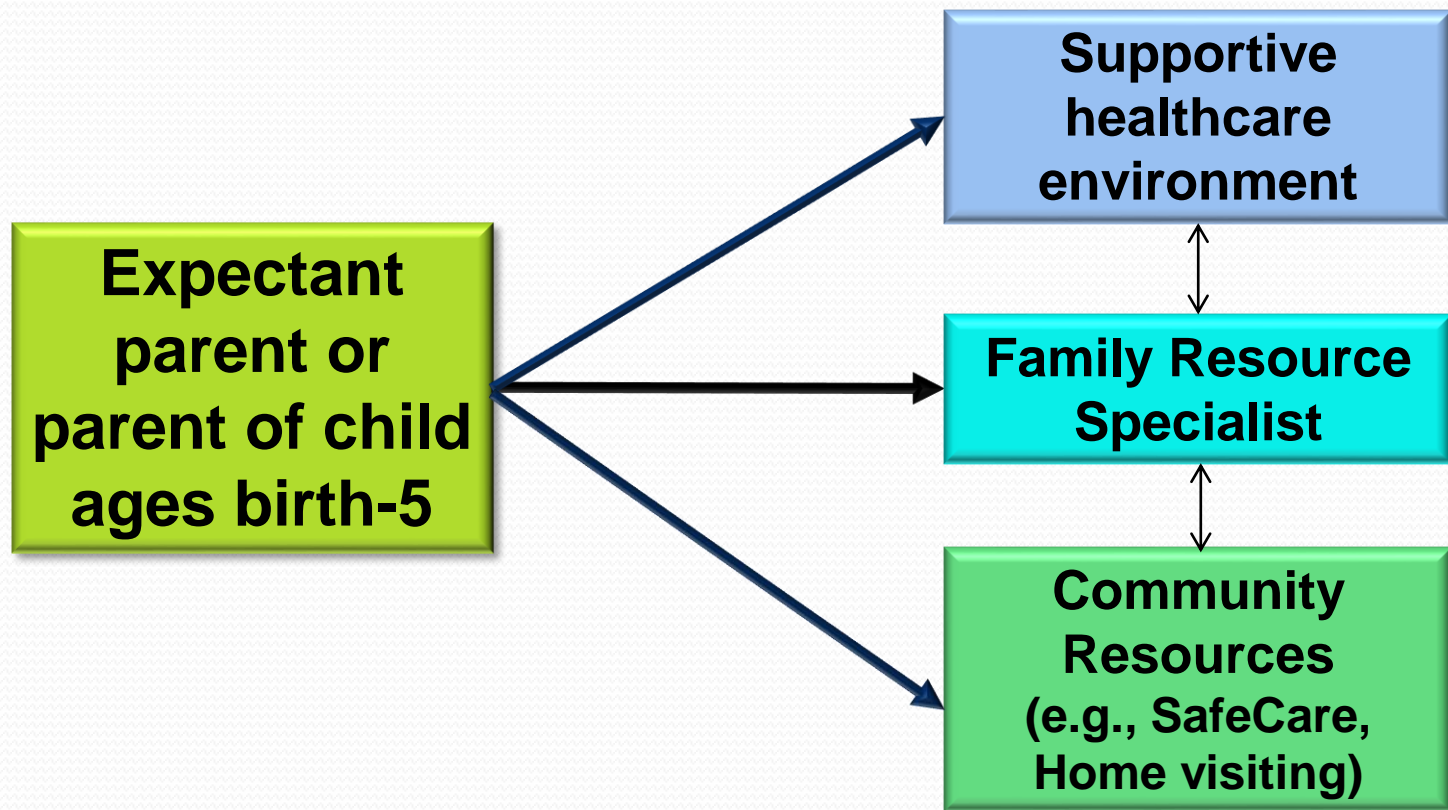
Score, Connect, & Nurture (SCAN) Overview



Objectives:

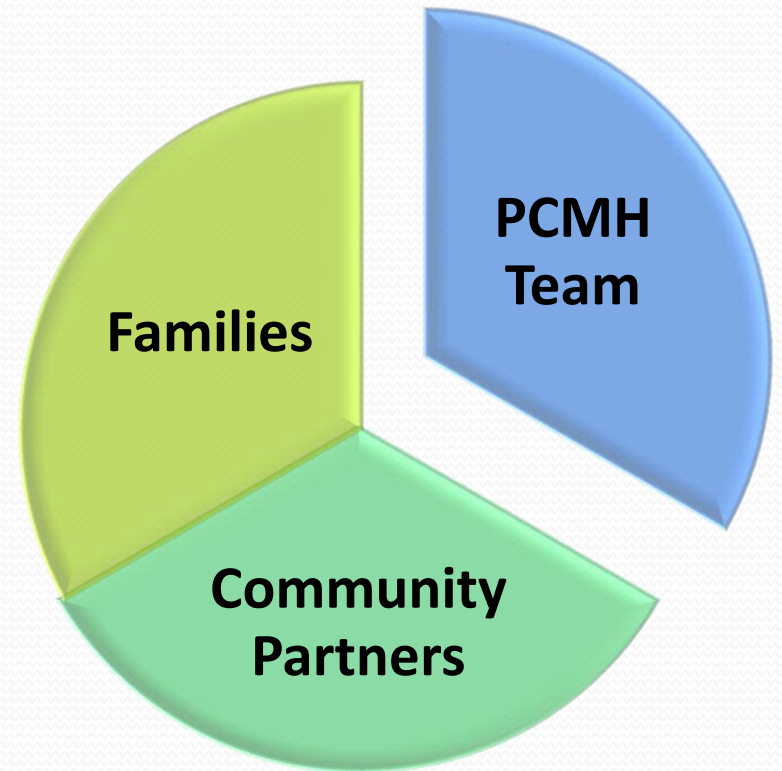
- ▶ Educate parents and increase awareness
- ▶ Increase capacity of organizations to engage with families about the social determinants of health
- ▶ Increase parents' use of evidence-based services that will reduce children's exposure to ACES

Score, Connect, & Nurture (SCAN) Clinical Model



PCMH Team

- Ensure common understanding
- Identify Champions
- Multi-level participation
- Clear vision
- Facilitative structure



Implementation Process:

- Education of *all* associates (front desk to physicians)
- Level I: increase knowledge; promote trauma-informed care; increase “buy-in”
- Voluntary and anonymous ACEs assessment
 - Paired with EAP
 - Normalized
- Level II: Clinicians
 - Skills

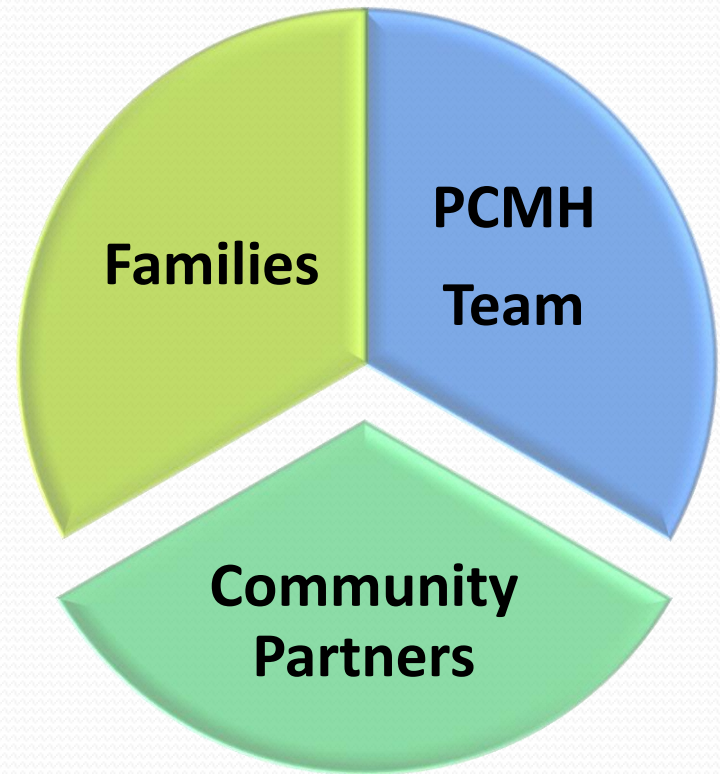
Projected Goals

- Assess 400 families in one year
 - 100 Parents of new infants
 - 300 families with children up to age 5



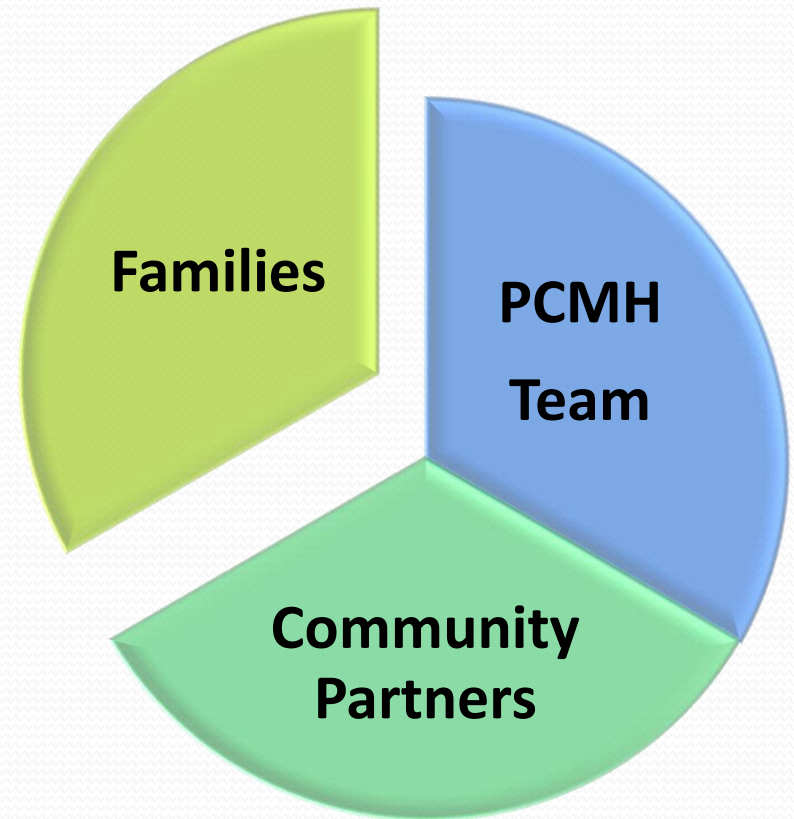
Community Partnership

- Integrate Catholic Charities' social worker
- Know community resources
- Trust
- Communication



Families

- Integrate SCAN into well-child and OB visits



As a child, before your 18 th birthday...	Circle YES or NO	
Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?	Yes	No
Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?	Yes	No
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 Attempt or actually have oral, anal, or vaginal intercourse with you?	Yes	No
Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?	Yes	No
Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	Yes	No
Was a biological parent ever lost to you through divorce, abandonment, or other reason?	Yes	No
Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?	Yes	No
Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?	Yes	No
Was a household member depressed or mentally ill, or did a household member attempt suicide?	Yes	No
Did a household member go to prison?	Yes	No
Add the number of YES's for your TOTAL ACES SCORE		

Resiliency

- Connor-Davidson Resilience Scale 25 (CD-RISC-25) ©

Sample questions:

	Not true at all (0)	Rarely true (1)	Sometimes true (2)	Often true (3)	True nearly all the time (4)
1. I am able to adapt when changes occur.					
2. I have at least one close and secure relationship that helps me when I am stressed.					

Clinic Workflow

- IDEAL

- PRIOR to provider visit
- REAFFIRMED by provider during appointment
- DOCUMENTABLE in chart/EHR
- FOLLOW-UP available
- SHARED COMMUNICATION with community partners
- EMBEDDED assessor

- WORKABLE

- AFTER provider visit
- Provider administers screen and refers to local resources

Family Resource Specialist

Increase parents' receipt of evidence-based parenting services

**Influence
behavior**

**Reduce
barriers**

**Connect to
health**

Data



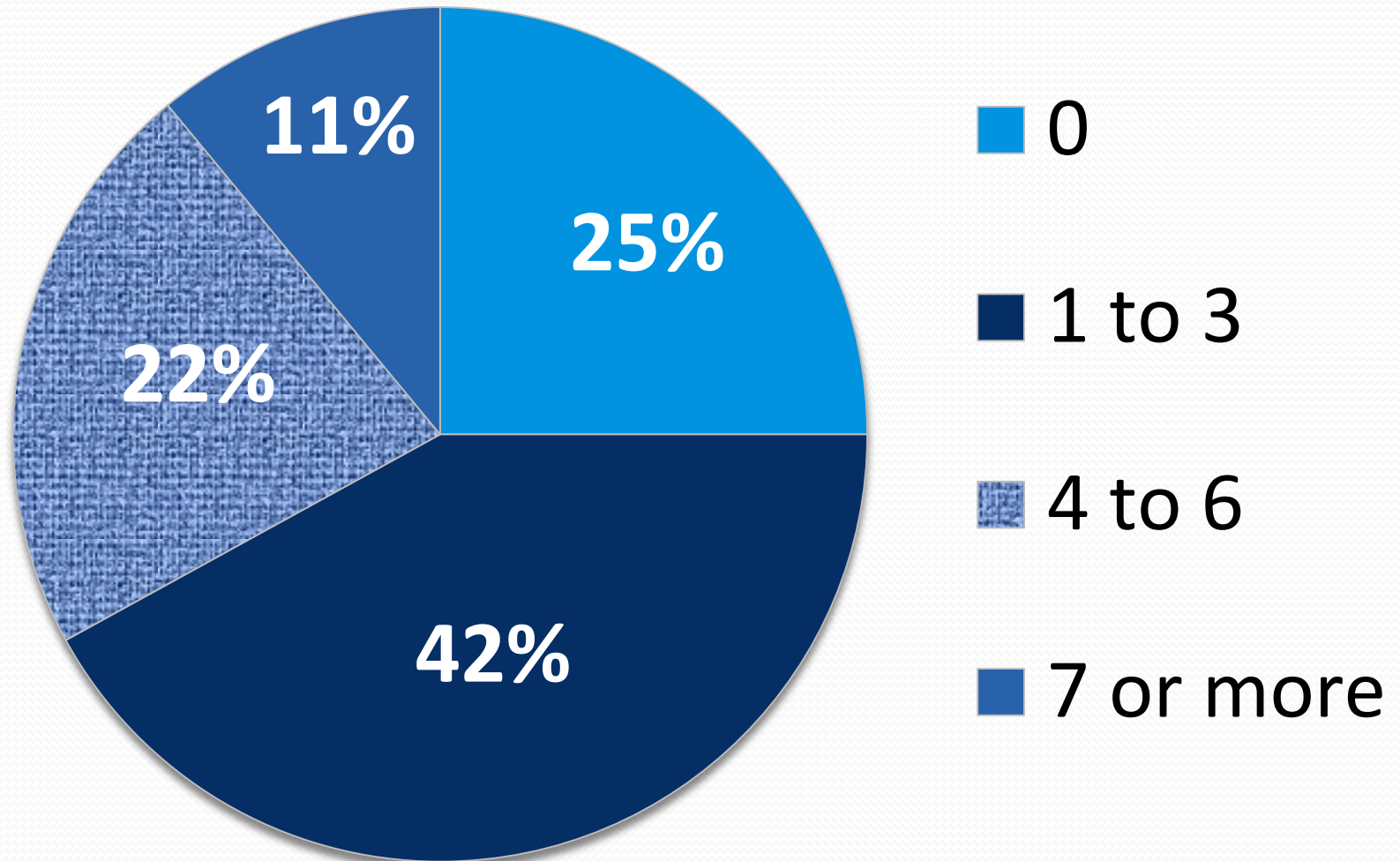
- **ACE Scores & Resiliency**
- **Self-Reported General Health**
- **Emergency Room Visits**
- **Compliance with Scheduled Clinic Visits**
- **Physician perspective**

Data: Families Assessed

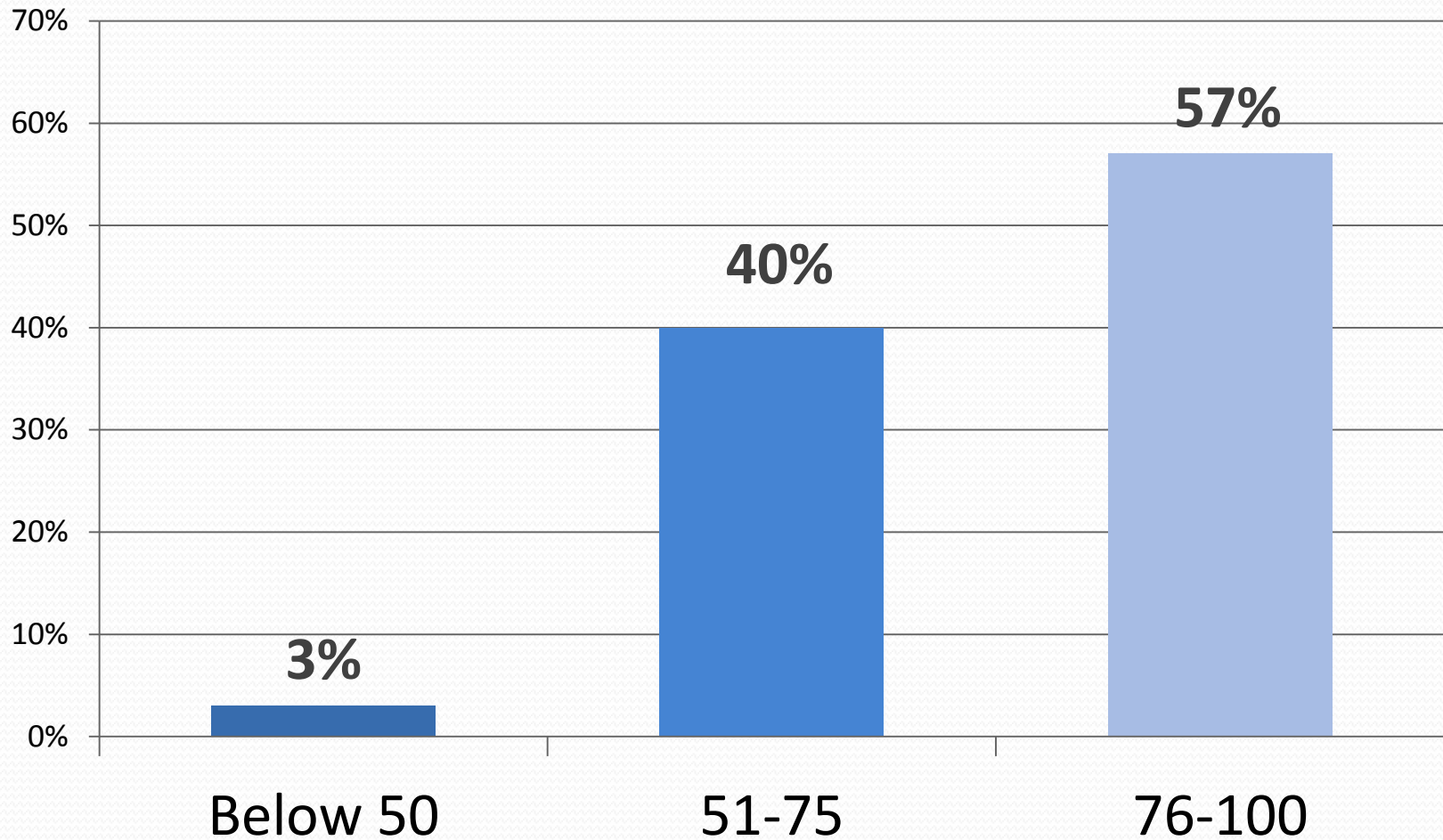


- 454 patients assessed since October 2015
- Age-range: 14-60 (m=28)
- Average 2 children in the home
- 52% report sometimes, frequently, or always depressed
- 82% report good, very good or excellent health

ACE Scores (n=454)



Resilience Scores (n=454)



Visit Compliance

# of Scheduled Visits	No Show Rate (# of No Shows/# of Scheduled Visits)	
	Pre SCAN (n=139)	Post SCAN (n=99)
1	0	.22
2	.02	.15
3	.11	.08
4-6	.13	.06
7-10	.24	.13
11+	.12	.08
Total Rate	.10	.14*

Emergency Department Visits

1. Background
2. Data Collection
3. ED visit absolute reduction of 29%
 - a. 1 patient decreased from 20 visits prior to screening to 5 after screening

Community Resource Referrals

100% of patients are offered resources

N=81 declined resources (22%)

- Warm hand-offs:
 - Parenting programs: 201 (55%)
 - Bright Beginnings, SafeCare, Parents as Teachers, Nurturing Parenting, HIPPIY, Nurse Family Partnership
- Literacy/books: 163 (45%)
- Other 81 (22%):
 - Rent, utility assistance, food assistance
 - Diapers
 - Clothing vouchers
 - Mental health

Clinician Perspectives

- Resident physicians' thoughts
 - Easier/more comfortable to bring up sensitive issues
 - Reminds patient that these are addressable in THIS setting
 - “Improved relationship, as if I [the physician] was the one administering screen by breaking down that ‘don’t talk about it’ barrier”
 - Well-received by patients as a whole
 - Avoids “negative tone” to encounter if ACES addressed by SW

Clinician Perspectives

- OB Case Manager/RN Clinic Supervisor
 - Improved communication
 - Eased into difficult Qs
 - Increased relatability



One Couple's Story

"We are scared because the only way we know how to parent is through how we were parented, and from what we did today, now we will learn better tools to parent differently."

- Both had experienced a "bad upbringing"
- 1st time parents
- Recognized they needed help but they "didn't know where to start or who to ask"
- Extremely excited about ACES and the referrals it initiated

Resources offered

- Parenting:
 - SafeCare
 - Bright Beginnings: developmental milestones series
 - Becoming a Mom
- Mental health:
 - 10 free therapy sessions at Child Advocacy center
 - Health Solutions
- Job assistance
- Applied for WIC and Housing
- Provided diapers

Major Takeaways

- 1. ACES assessment and intervention is worthwhile**
improves doc-pat relationship; increases knowledge; helps start the conversation about difficult experiences, resilience, and prevention
- 2. One-time assessment**
- 3. To implement SCAN/ACEs in your setting, at a bare minimum, you need:**
 1. “Assessor” (e.g., MA, RN, LCSW, MD, DO, BHC...)
 2. Clinician(s) who can converse about ACEs appropriately with patients.
 3. Knowledge of and ability to refer to community resources
 4. Trauma-informed setting

We also recommend education/training for all employees to establish trauma-sensitive setting.

Future Goals to Expand SCAN

- At SCFM Clinic: parents of 0-18 year olds
- Emergency Dept.
- Other primary care clinics in our community

Selected References

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- Dube, S.R., Felitti, V.J., Dong, M., Giles, W.H., & Anda, R.F. (2003). The impact of adverse childhood experiences on health problems: evidence from four birth cohorts dating back to 1900. *Preventive Medicine, 37*, 268-277.
- Felitti, et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences Study. *American Journal of Preventive Medicine, 14*, 245-258.
- Region X ACE Planning Team (2015). *NEAR@Home: Addressing ACES in Home Visiting by Asking, Listening and Accepting*.
<http://www.healthygen.org/what-we-do/aces-learning-institute>

To learn more:

- SCAN & Southern Colorado Family Medicine
 - JodiHasenack@Centura.org
 - Julie.mccrae@du.edu
- ACES Study:
 - www.acesstudy.org
 - <http://www.cdc.gov/violenceprevention/acesstudy/>
- Discussion boards/blogs: Acestoohigh.com
- Catholic Charities' SafeCare
 - www.pueblocharities.org; 719-544-4233
- TED Talk : Dr. Nadine Burke Harris