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## Adverse Childhood Experiences: Raising Awareness & Creating **Easier Access to Resources**

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Sanchez-Grew, Christina, "Adverse Childhood Experiences: Raising Awareness & Creating Easier Access to Resources" (2020). Family Medicine Clerkship Student Projects. 590. https://scholarworks.uvm.edu/fmclerk/590

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# ADVERSE CHILDHOOD EXPERIENCES

RAISING AWARENESS & CREATING EASIER ACCESS TO RESOURCES

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UVMMC FM HINESBURG
NOVEMBER 2020, ROTATION 4
DR. CANGIANO

## PROBLEM IDENTIFICATION

- Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood such as abuse, neglect, and household
  dysfunction including witnessing violence, having a parent with a substance use disorder or mental illness, parental separation, or
  witnessing a death by suicide
- ACEs are prevalent
  - Nearly 2/3 of the population has at least I ACE and I in 6 adults have more than 4 ACEs
  - I in 7 children in the U.S. experienced child abuse & neglect in the past year 7
  - In Vermont, there were 1,004 children who were victims of child abuse and neglect in the past year 2
- ACEs are associated with negative health outcomes and increased morbidity & mortality throughout one's lifetime. Increased number of ACEs corresponds with increased risk for:
  - Mental health problems (depression, suicide) 5
  - Immediate health risks (physical injury, substance use disorder)
  - Chronic health problems (Heart disease, cancer, diabetes, lung disease) 3,4,5,7
- Patients are often unaware that exposure to ACEs increases one's risk for developing chronic health conditions and I don't see it being
  discussed. Primary care providers play a role in educating the community on how their behaviors and environment can affect long-term
  health, identifying risks, and connecting patients to appropriate resource to prevent poor outcomes.

## PUBLIC HEALTH COSTS

- It is difficult to estimate the cost associated with Adverse Childhood Experiences due to the vast number of negative outcomes that result from exposure to ACEs
  - An estimated 21 million cases of depression and 1.9 million cases of heart disease are attributed to ACEs and thus could have been prevented <sup>7</sup>
- One study estimated the total annual costs in North America that could be attributed to ACEs, reporting as \$748 billion 8
- In 2015, child abuse and neglect in the U.S. cost \$428 billion 7
- In 2013, heart disease cost \$88 billion while depression cost \$71 billion 9
- At minimum, ACEs contribute to hundreds of billions of dollars each year

## **COMMUNITY PERSPECTIVE**

#### Dr. Michelle Cangiano, MD

Family Medicine Physician

- The PHQ-2 and Social Determinants of Health screen are given annually to every patient at the UVMMC Hinesburg family medicine office. Therefore, depression, financial instability, food insecurity, housing insecurity, transportation barriers, and physical abuse are being screened for. There is no ACEs screening tool being used and ACEs are not being tracked.
- The most common identifiable problems in Dr. Cangiano's patient population are food insecurity and parental mental health. She expressed that parents often do not realize how much their mood affects their children.
- When patients screen positive for any question, Dr. Cangiano uses shared decision making to create a plan on how these problems can be addressed. This often involves providing resources and connecting the patient with the community health team, which includes a social worker who follows up with them within one week.
- Dr. Cangiano believes much of the work that needs to be done to prevent ACEs is societal and could potentially be accomplished through petitioning and advocacy work. More social supports need to be put in place for the community.

### Dr. Peter Jackson, MD

Child & Adolescent Psychiatry and Addiction Medicine

- On the inpatient Child & Adolescent Psychiatry unit at CVPH, ACEs are assessed with "taking a good history" rather than via a screening tool. He is able to have in depth conversations about each child's home life and directly asks questions about abuse, neglect and household dysfunction.
- Almost all of Dr. Jackson's patients have at least one ACE, he estimates this to be 80-90% of his patient population. He believes parental substance use and emotional neglect are the most common problems he sees.
- Each child who enters the unit is immediately assigned a social worker who helps connect the child to community resources to address ACEs from many different angles.
- Dr. Jackson believes the solution to preventing ACEs is to offer more support to parents and specifically address multigenerational trauma, intervening early before children fall into the same pattern as their parents. It is most importantly the job of each parent to prevent ACEs but the responsibility also falls on every person who has a role in a child's life—teachers, social workers, physicians, coaches, mentors, etc.

## INTERVENTION AND METHODOLOGY

Strategy	Approach	
Strengthen economic supports to families	Strengthening household financial security     Family-friendly work policies	
Promote social norms that protect against violence and adversity	Public education campaigns     Legislative approaches to reduce corporal punishment     Bystander approaches     Men and boys as allies in prevention	
Ensure a strong start for children	Early childhood home visitation     High-quality child care     Preschool enrichment with family engagement	
Teach skills	Social-emotional learning     Safe dating and healthy relationship skill programs     Parenting skills and family relationship approaches	
Connect youth to caring adults and activities	Mentoring programs     After-school programs	
Intervene to lessen immediate and long-term harms	Enhanced primary care     Victim-centered services     Treatment to lessen the harms of ACEs     Treatment to prevent problem behavior and future involvement in violence     Family-centered treatment for substance use disorders	

These strategies focus on changing norms, environments, and behaviors in ways that can prevent ACEs from happening in the first place. The last strategy focuses on mitigating the immediate and long-term physical, mental, and behavioral consequences of ACEs. By addressing the conditions that give rise to ACEs and simultaneously addressing the needs of children and parents, these strategies take a multi-generation approach to prevent ACEs and ensure safe, stable, nurturing relationships and environments. Together, these strategies are intended to work in combination and reinforce each other to prevent ACEs and achieve synergistic impact.

- The goal of this project is to raise awareness about the impacts of Adverse Childhood Experiences, educate patients on how ACEs are related to health, and make resources more readily available to patients.
- How this was accomplished:
  - Placed pre-existing CDC flyers addressing ACEs and health related outcomes on the bulletin boards in patient exam rooms to raise awareness and provide education.
  - Created an additional flyer targeted to parents and caregivers promoting "positive parenting" and provided three separate QR codes that will direct patients to online parenting resources on their smart phones.
- By placing flyers in exam rooms, the information is likely to be noticed. By using QR code technology, it is hypothesized that people will be more likely to access the resources compared to being told to visit a website.
- The CDC has made ACE prevention a priority. The information provided by this project addresses several of the CDC strategies to prevent ACEs, such as promoting social norms that protect against violence, ensuring a strong start, teaching skills, and connecting youth to caring adults and activities.

## **RESULTS**

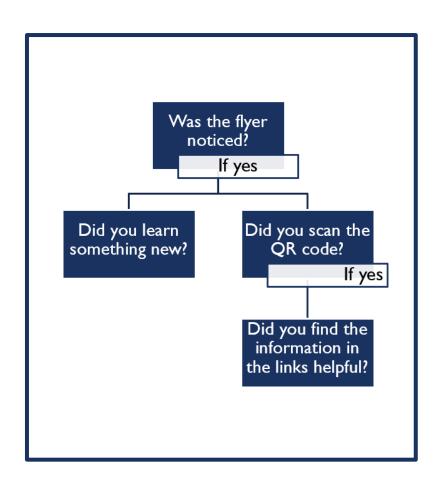
The CDC Vital Signs flyer provides easy to read information to inform patients about Adverse Childhood Experiences, explains why they matter, demonstrates an association with long-term health outcomes and explain how everybody can contribute to the prevention of ACEs.





- The second flyer is directed specifically towards parents because they are likely to have the greatest impact on a child's life and therefore can contribute most to the prevention of ACEs.
- Various resources are provided via QR codes with instructions to easily access the sites from their phone. There is a brief summary about what you will find on each website.
- Promotion of "positive parenting" as an approach to non-violent and effective discipline

## **EVALUATING EFFECTIVENESS & LIMITATIONS**



- The image to the left represents the questions that could be asked in order to evaluate the effectiveness of this project
- A survey could be administered to every patient either at discharge or on the "MyChart" account
- Due to time constraints, the effectiveness of this project was not evaluated
- Other limitations include:
  - Limited space on flyers to provide information and number of QR codes
  - Limited accessibility— patients need to have a smart phone in order to access links with QR code
  - Patients who do not speak English, are unable to read, or have significant visual impairments will not benefit

# RECOMMENDATIONS FOR FUTURE PROJECTS

- Implement a screening tool for ACEs at UVMMC primary care offices
  - ACE Questionnaire for Adults<sup>6</sup>
    - To the right is an example of California's adult screening tool
  - Pediatric ACEs and Related Life-events Screener (PEARLS)<sup>6</sup>
- Track the prevalence of ACEs or other barriers to healthcare in the patient population in order to better understand the community's needs
  - Work with social workers to provide frequent follow-up to ensure available resources are being utilized and needs are being appropriately addressed
- Evaluate stress management techniques, coping skills and resiliency in the patient population and provide resources when appropriate

#### Adverse Childhood Experience Questionnaire for Adults



California Surgeon General's Clinical Advisory Committee

Our relationships and experiences—even those in childhood—can affect our health and well-being. Difficult childhood experiences are very common. Please tell us whether you have had any of the experiences listed below, as they may be affecting your health today or may affect your health in the future. This information will help you and your provider better understand how to work together to support your health and well-being.

Instructions: Below is a list of 10 categories of Adverse Childhood Experiences (ACEs). From the list below, please add up the number of categories of ACEs you experienced prior to your 18th birthday and put the total number at the bottom. (You do not need to indicate which categories apply to you, only the total number of categories that apply.)

Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or

Did you lose a parent through divorce, abandonment, death, or other reason?

Did you live with anyone who was depressed, mentally ill, or attempted suicide?

Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?

Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?

Did you live with anyone who went to jail or prison?

Did a parent or adult in your home ever swear at you, insult you, or put you down?

Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?

Did you feel that no one in your family loved you or thought you were special?

Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?

Your ACE score is the total number of yes responses.

Do you believe that these experiences have affected your health?

(	Blak	Much



Experiences in childhood are just one part of a person's life story.

There are many ways to heal throughout one's life.

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