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Maya Son
University of Vermont

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Increasing awareness of Adverse Childhood Experience (ACE) and the benefits of inquiring about ACE.



MAYA SON, MS-III

**FAMILY MEDICINE, PLAINFIELD, VT
ROTATION 4- AUGUST/ SEPTEMBER 2014**

**MENTORS:
DR. CYNTHIA SWARTZ, M.D.
THE HEALTH CENTER**

2A. Problem Identification



- Adverse Childhood Experiences (ACE) has a large impact on health costs as well as social services, education, juvenile justice. Impact of ACE crosses socioeconomic boundaries.
- ACE defined as childhood abuse/neglect, household dysfunction, and exposure to other traumatic stressors.
- As the number of ACEs increase, the risk for short and long term health problems increase. Example of health problems:
 - Chronic disease: Autoimmune Disease, COPD, Liver Disease, Ischemia Heart Disease, Lung Cancer, Headaches
 - Mental health: Depression, Hallucination, Suicide, Work Absenteeism, Memory disturbances
 - Reproductive Health/Sexual Behavior: Fetal Death, STD, Teen/Unintended Pregnancy, Sexual Risk Behaviors
 - Victimization/Perpetration: Intimate Partner Violence
 - Alcoholism and alcohol abuse
- Are ACEs common in Vermont? Yes!
 - In 2011, the Vermont Department of Health reported:
58% of VT adults experienced at least 1 ACE.

2B. Needs



- Spread awareness of ACE study results to the public and healthcare workers.
- Screen for ACE in children and adults via questionnaire.
- Inform healthcare workers on the benefits of inquiring about ACEs.
- Target at-risk individuals, families and first-time parents to prevent and/or treat individuals with ACE.
- Provide resources such as parenting classes that are affordable and realistic.
- Train childcare providers to coordinate multilevel and multigenerational family-centered support and system of services.
- Interrupt the cycle of ACEs within a family.
- As a community, develop ACE task forces or guide teams.

3. Public Health Cost



• Child abuse and neglect cost in the United States (2012):

- “Total lifetime estimated financial costs associated with just one year of confirmed cases of child maltreatment (physical abuse, sexual abuse, psychological abuse and neglect) is approximately \$124 billion.”
- Cost of child maltreatment rivals *cost of other high profile public health problems.*
- Estimated average lifetime cost per victim of nonfatal child maltreatment includes:
 - \$32,648 in childhood health care costs
 - \$10,530 in adult medical costs
 - \$144,360 in productivity losses
 - \$7,728 in child welfare costs
 - \$6,747 in criminal justice costs
 - \$7,999 in special education costs
- Estimated average lifetime cost per death includes:
 - \$14,100 in medical costs
 - \$1,258,800 in productivity losses

• Child abuse and neglect cost in Vermont: Unknown.

- ACEs are common in Vermont.
- In 2011, the Vermont Department of Health reported:
 - ✦ 58 % of VT adults experienced at least one adverse event during their childhood
 - ✦ 14 % of VT adults have experienced four or more adverse events during their childhood.
 - ✦ 17 % of VT women have four or more ACEs.

4A. Community Perspective



- **Interview with [Name Withheld], Physician Assistant at The Health Center: :**
 - “Having worked in one place for all of my career as a Family Medicine PA [since 1980s], I have gotten to know and/or treat the patients as well as their family for a very long time. Their upbringing, family dynamics and many of the psychosocial issue and experiences become evident or are shared.”
 - “Most patients have ACEs of some sort. Because of its (ACEs) prevalence in not only Plainfield but everywhere, the ACEs study findings has implication across so many fields- health professionals, policy makers, public health and educators, criminal justice, social services.”
 - “Problem is that there are these significant findings but no clear cut solutions or idea of how we’re going incorporate this information to our work flow.”
 - “Whatever the solution may be, there’s a need to increase awareness to the patients and health care workers about it. In order to make change, people need to know about it. “

4B. Community Perspective



- **Interview with [Name Withheld], Child/Adult Psychiatrist at The Health Center:**

- “Since it’s difficult to increase awareness about a problem and not have resources available to refer patients to or a specific plan on what to do with the information given, simply making patients and health care workers be more mindful of how one’s childhood experiences can influence one’s physical health would be good start.”

- **Interview with Licensed Social Worker: [Name Withheld] at The Health Center:**

- Bridges gap between provider and patients. Focuses on clinical outcomes.
- “It’s simple – prevent ACEs in order to decrease health care costs. Prevent barriers [shame/fear] presented to patient from disclosing their traumatic experiences.”
- “We need to encourage patients to no longer be silenced by shame and/or fear and to speak out about their ACE. Similar encouragement is needed for physicians to ask patients about their ACE.”
- “Perhaps a good start would be to spread awareness about ACEs.”

5. Intervention/Methodology



- **Intervention:** increase awareness of ACE and its impact on health to patients and clinicians. Emphasize how merely talking about traumatic experiences can be therapeutic.
- **Develop educational information**
- **For clinicians:**
 - Powerpoint presentation
 - ACE study and its results
 - ACEs impact on health
 - Benefits of inquiring about ACEs/trauma.
- **For patients:**
 - Flyers placed in waiting room
 - In laymen's term, information on how ACEs can affect one's physical health.
 - Encouraged patients to talk to their clinicians about their ACEs

6A. Results/Response



- **Response from presentation:**
 - Lots of great questions, and comments on how to best utilize this information at The Health Center. Immensely well-received.
 - Got lots of “thank you”, “well done” and “great job” at the end.
 - Everyone really appreciated how specifically inquiring about ACEs can benefit the patient and patient-physician relationship.
 - Gave me great ideas for the flyer.
- **Anonymous Survey Results (average of 8 surveys):**
 - ✦ Survey rated on Likert scale (1=strong disagree, 5= strongly agree)
 - Did you know about the ACE study before this presentation? 1.5/5
 - Did you know about the benefits of inquiring about trauma/ACEs before this presentation? 1.5/5
 - Did you learn something new? 4.5/5
 - How likely are you to be more mindful of your patient’s ACE and its impact on their physical health? 4/5

6B. Results/Response



- **Anonymous Survey Comments:**
 - “Thanks Maya !”
 - “I have never heard of this study before!”
 - “Great job!! I didn’t know about it [ACEs study] and will now try to dig deeper [with patients]!”
 - “Found the theory about how ACE can change brain function and structure fascinating!”
 - “Explained things so it was easy to understand. Very knowledgeable. Able to answer questions. Excellent!”
 - “I hope you can come back to give us an update on how other health centers are using this information.”
 - “Love the flyer.”

7. Eval of Effectiveness/Limitations



- Effectiveness – I think I was really able to bring awareness to a study (ACEs study) that many patients and health care workers have never heard before. I was also able to illustrate the benefits of inquiring about traumatic experiences/ACEs with past published research as well as pilot and case studies.
 - I hope health care workers and patients can see how ACEs can impact patient's health as well as how talking about these ACEs can be therapeutic for patients.
- Limitations – While the study has immense implications for countless number of fields, due to time constraints, I was unable to delve into specifics of how each field can best utilize this information. Rather, I focused on one specific thing we, as health care workers and patients, can do.
 - I wish I had more time to have an open and honest discourse about the possible resources available to patients as well as help streamline how to best incorporate ACE screening into the work flow of practice but only so much can be taught/encouraged in an one hour!

8. Future Projects



While the ACE study has been published for some time now, we have yet to find out how to best utilize this information. With that said, future projects should be geared toward discovering how.

- How do we best prevent ACEs?
- Should ACEs screening be done at public/private schools or at the doctor's office?
- What other agencies would benefit from the ACE study? What would the relationship be between Primary Care Physician and these agencies? Will there be breach of privacy?
- How do we create a conducive environment for patients to talk without fear of judgment or persecution?
- What resources are available for parents? What resources would best benefit patients? Would programs that focus on good parenting skills help?
- Continue to educate patients and clinicians.

9. References



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