



SCAN

Score, Connect, and Nurture

Score, Connect, and Nurture: Integrating ACEs (Adverse Childhood Experiences) into a Primary Care Practice

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***Sponsored by
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Interest Group***



Disclosures

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- *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
- No other financial relationships to disclose
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Acknowledgments

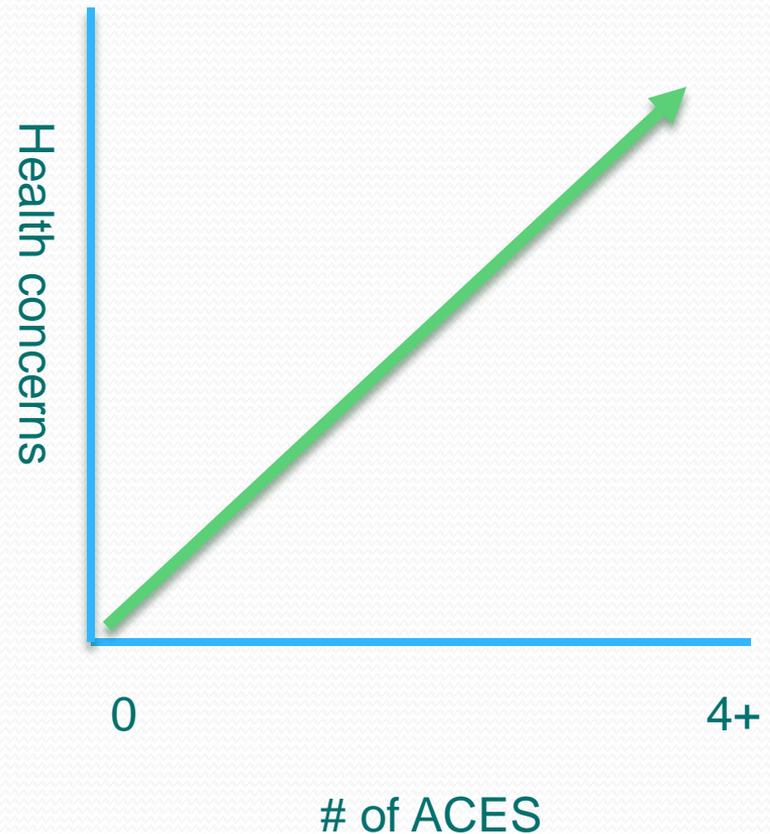
- Cindy Lau, St. Mary Corwin Health Foundation and Violence Prevention Regional Planner
- Jayne Mazur, Centura Health Foundation
- Ida Rhodes, Catholic Charities Diocese of Pueblo, Colorado
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Learning Objectives

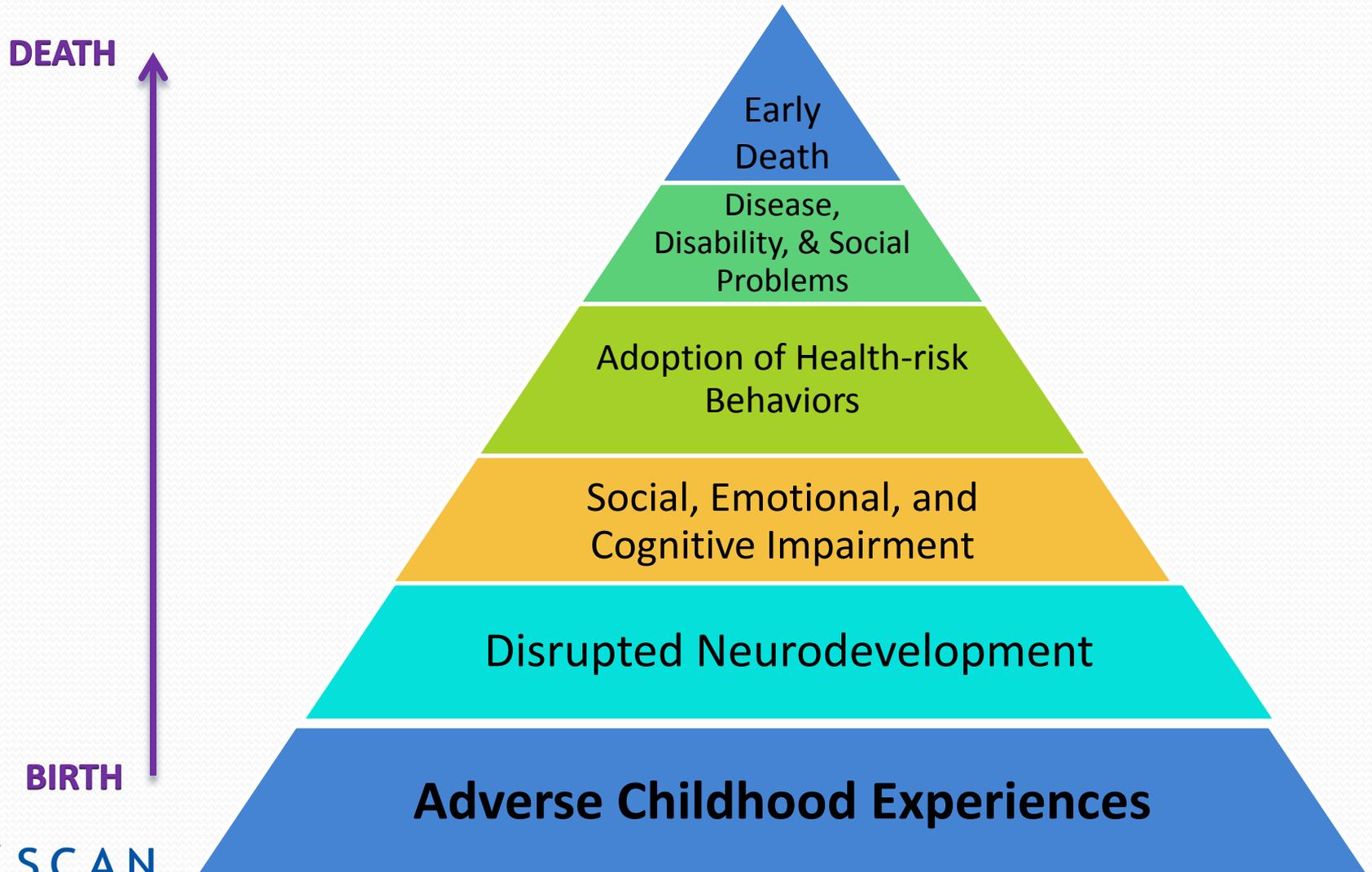
1. Define and discuss ACEs and how they impact biopsychosocial concerns in primary care.
2. Explore an example of how ACEs assessment and intervention can be successfully integrated into a busy PCMH clinic embedded in a family medicine residency.
3. Discuss resources offered to targeted population of 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?

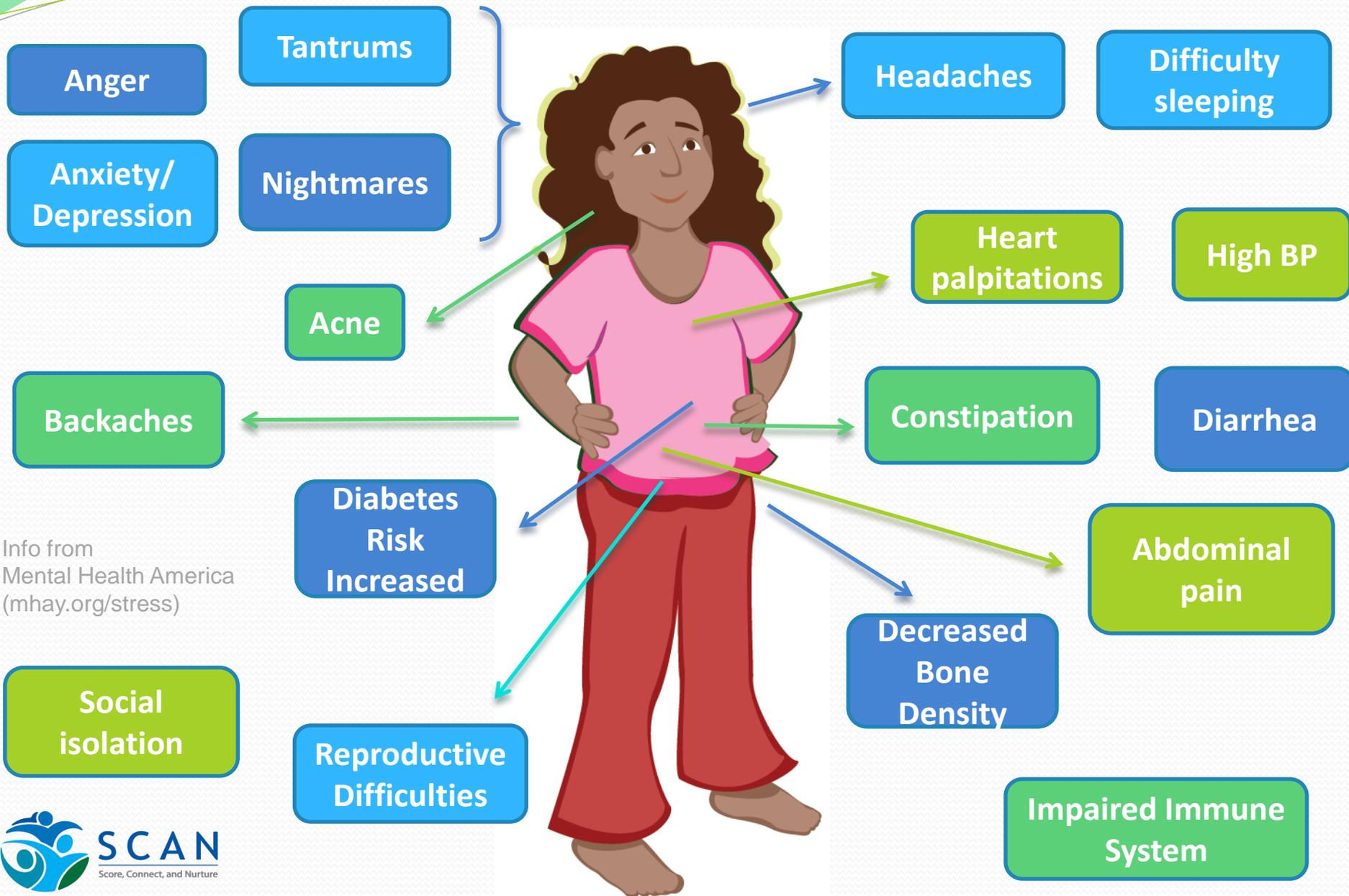


ACES and mortality

- People with six or more ACEs died nearly 20 years earlier on average than those without ACEs
(Brown, et al., 2009)

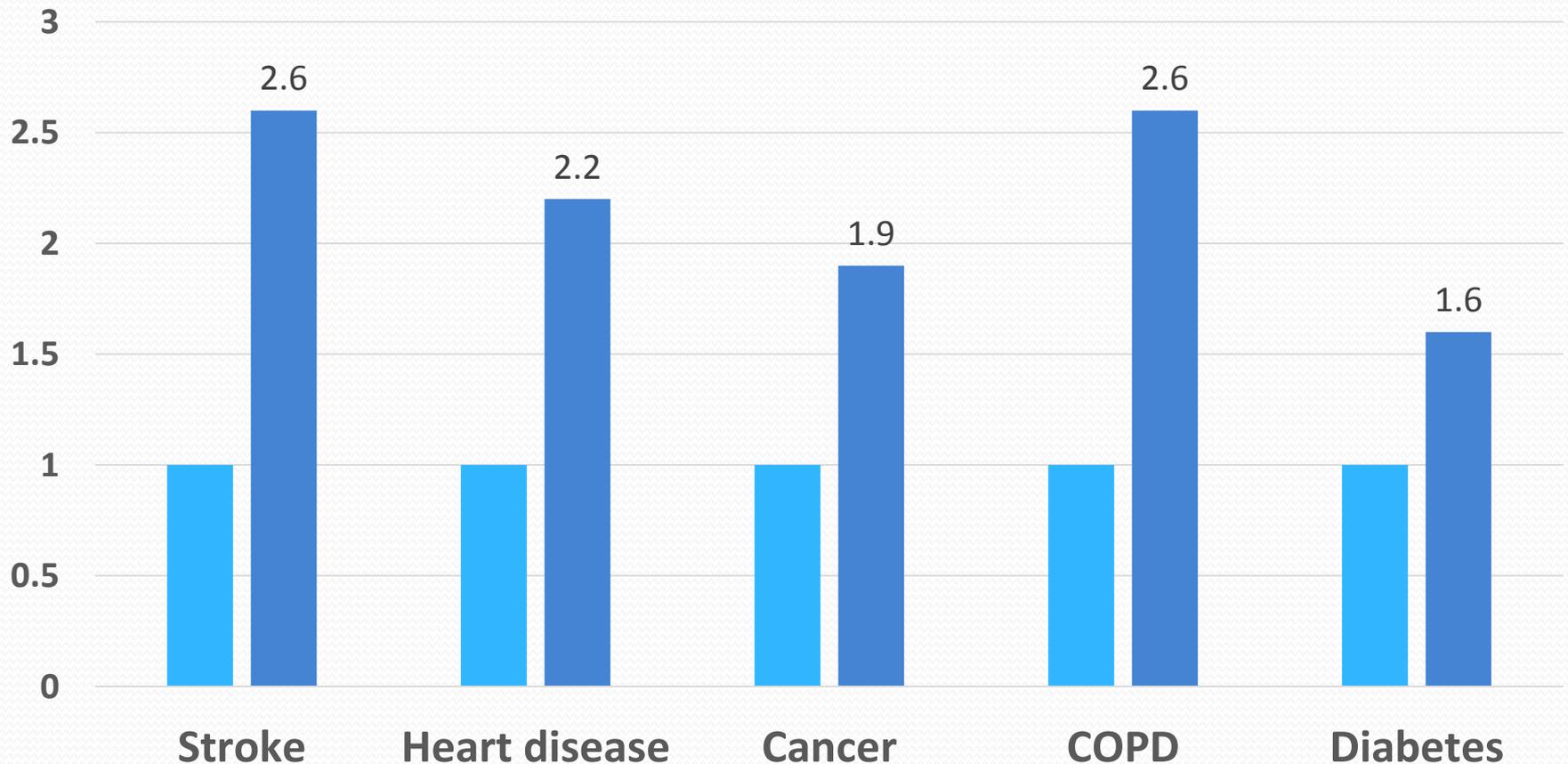


Physical Manifestations of Toxic Stress



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.

Why SCAN at SCFM?

Pueblo County Health Status



Length and
quality of life

Social &
economic factors

High-risk births,
smoking during
pregnancy, child
deaths

Clinical Setting

- Dually-accredited family medicine residency (MD & DO)
- NCQA Level III PCMH
- 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)
- Patient load:10,000 (translating to 17,000 patient visits/year)
- Urban, underserved, mostly Medicaid/Medicare
- 60% Hispanic/Latino
- 3% Spanish language

Planning & Implementation

- Searched for models
- Created our own:

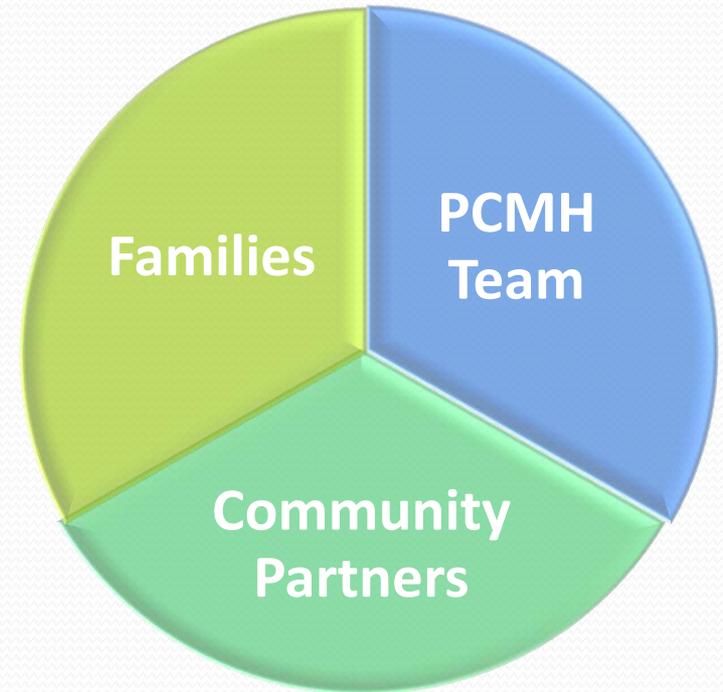


- Primarily grant-funded at present

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.

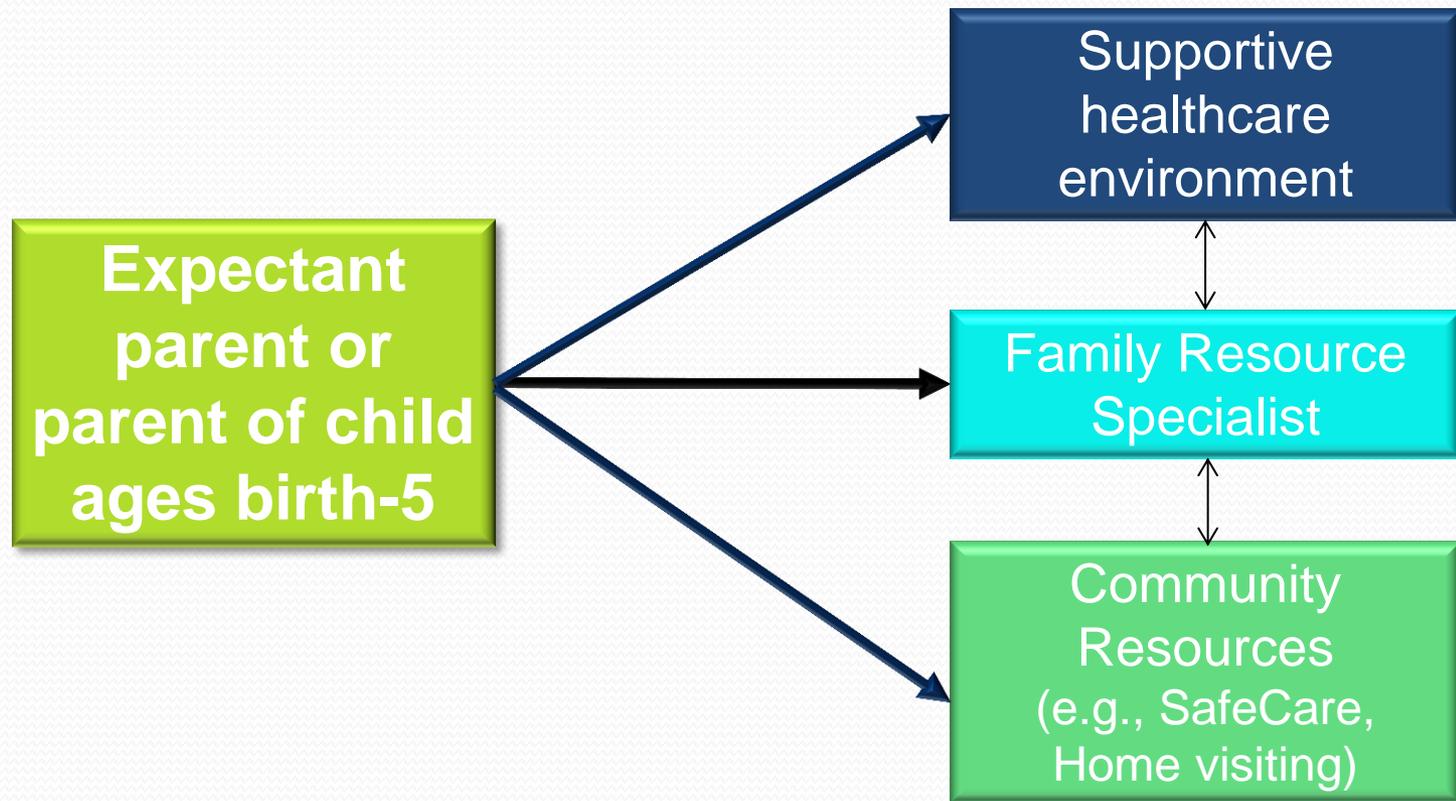
Score, Connect, & Nurture (SCAN) Overview



Objectives:

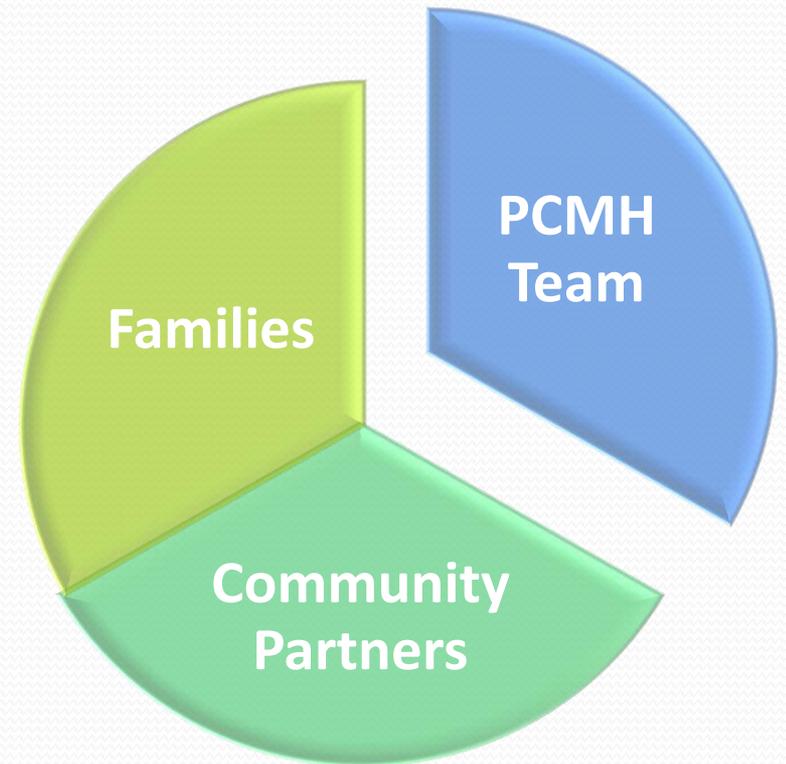
- ▶ Educate parents and increase awareness
- ▶ Increase capacity of organizations to engage with families about the social determinants of health
- ▶ Increase parents' use of evidence-based services that will reduce children's exposure to ACES

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

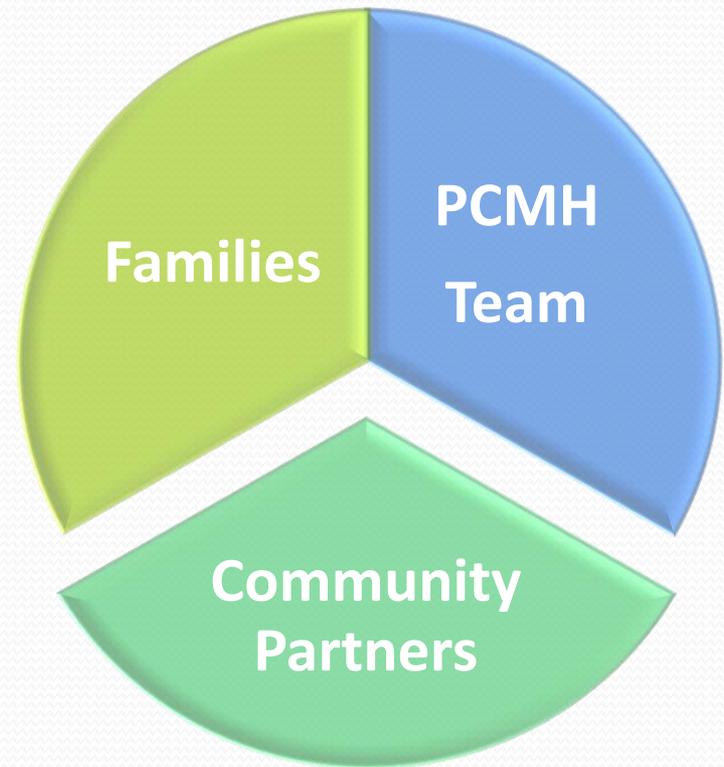
Projected Goals

- 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



Targeted Families

- Integrate SCAN into well-child and OB visits



SCAN
Score, Connect and Nurture

With each ACES, the risk of adult health problems increases

TALKING POINTS FOR PHYSICIANS

Low ACES = “You look like you’ve had a pretty supportive family, so you’re going to be a pretty good parent without even having to think about it.”

= “If Adverse Experiences ever come up in your current family, see us as a resource, before things get too bad. Keeping ACES low will help prevent disease in your child.”

High ACES = “It looks like you had some very difficult experiences during your childhood.”

= “Most parents I talk to with similar experiences feel they have worked through some of this but still get tripped up by others. I’m wondering if that is the case for you?”

= “Tough childhood experiences can affect the way our brain operates, our health, and how we parent.”

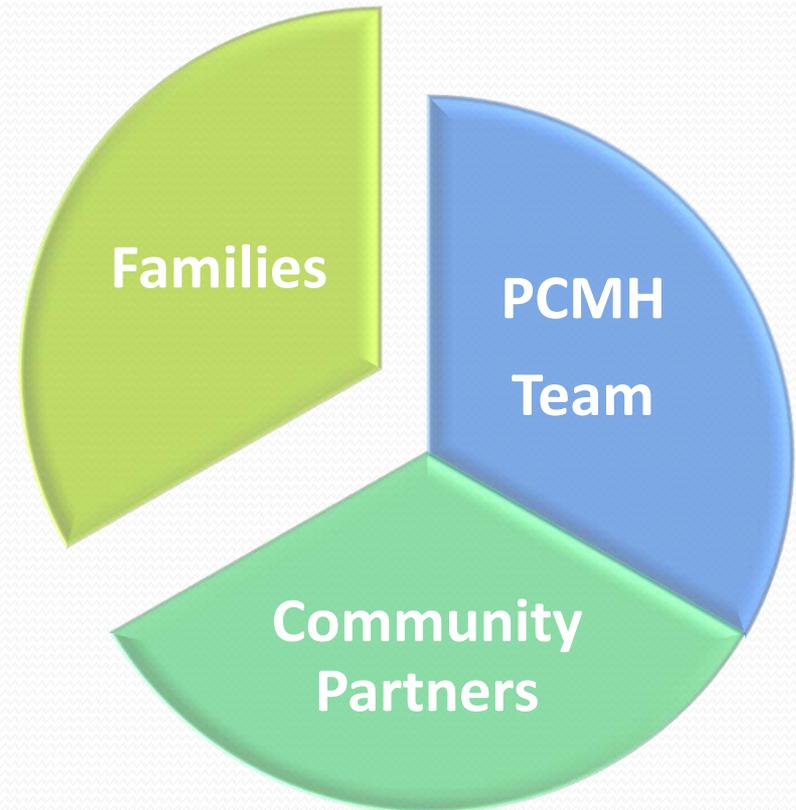
= “You can change this, though, by being the best parent you can be.”

www.acesconnection.com

WHAT ARE ACES?

Adverse Childhood Experiences

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



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.					

Community Resource Referrals

- **Children's Books**
- **Financial assistance (e.g., rent, utility)**
- **Diapers**
- **Clothing Vouchers**
- **Food resources (pantry, food stamps info.)**
- **Childcare services info**
- **Co-occurring therapy**
- **Mental health (individual & relational therapy)**

Parenting Programs

- Age-specific parenting classes
- Bright Beginnings (meeting developmental milestones)
- Nurturing Parenting
- HIPPY (school-readiness)
- Parents as Teachers
- Nurse Family Partnership
- SafeCare Colorado

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

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

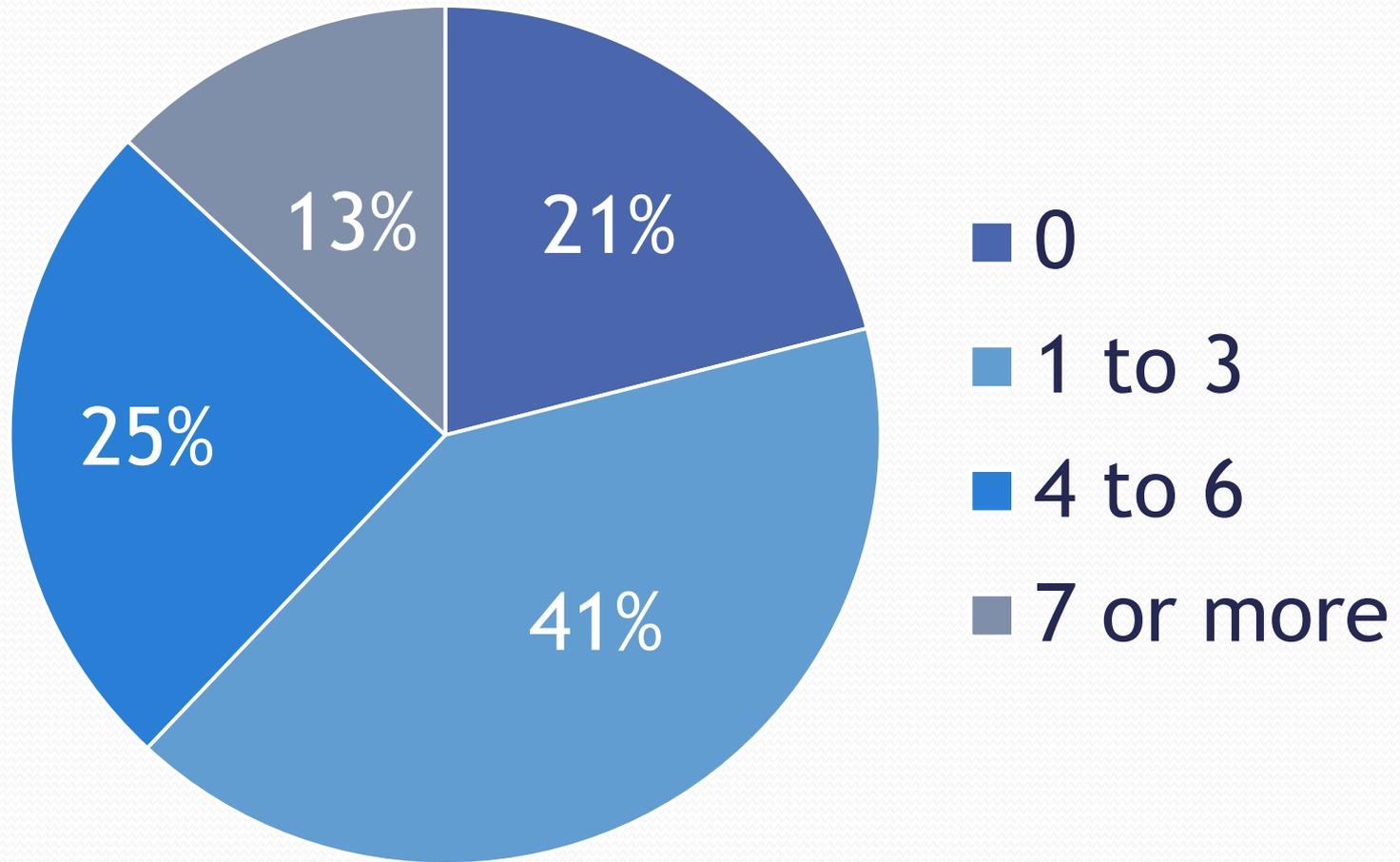
- Parenting:
 - SafeCare
 - Bright Beginnings: developmental milestones series
 - Nurturing Parenting: class for teen parents
- Mental health:
 - 10 free therapy sessions at Child Advocacy center
 - Health Solutions
- Job assistance
- Applied for WIC and Housing
- Provided diapers

Data: Families Assessed

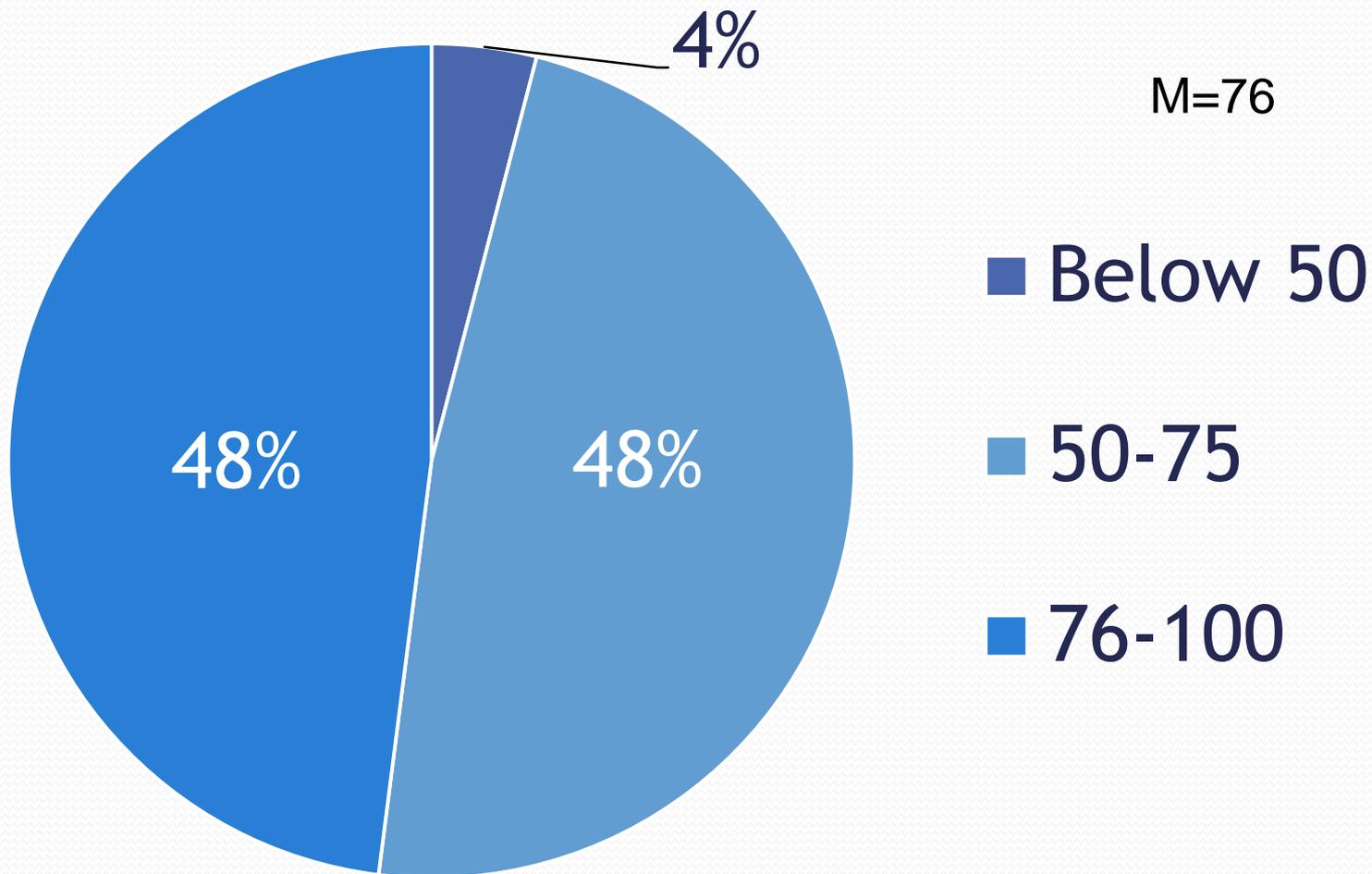


- 134 families assessed since October 2015
- Age-range: 15-60 (m=27)
- Average 2 children in the home
- 53% report sometimes, frequently, or always depressed
- 84% report good, very good or excellent health

ACE Scores (n=134)



Resilience Scores



^Connor-Davidson Resilience Scale

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

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

Selected References

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- 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:

- KaitlinLeckie@Centura.org
- JodiHasenack@Centura.org
- ACES Study:
 - www.cestudy.org
 - <http://www.cdc.gov/violenceprevention/cestudy/>
- Discussion boards/blogs: Acestoohigh.com
- Catholic Charities' SafeCare
 - www.pueblocharities.org; 719-544-4233
- Butler Institute for Families
 - www.thebutlerinstitute.org
 - Julie McCrae, julie.mccrae@du.edu
- TED Talk: Dr. Nadine Burke Harris

Questions?