

Background

ACEs, or Adverse Childhood Experiences, have been described as traumatic experiences that can have a profound effect on a child’s developing brain and body with lasting impacts on a person’s health throughout their lifetime (Center for Youth Wellness, 2013). Toxic stress caused by ACEs can profoundly alter the otherwise healthy development of a child (Center for Youth Wellness, 2013). ACEs are strongly associated with some of the most complex and costly health conditions in the United States and are linked to 9 out of the 10 leading causes of death nationwide

Research objectives:

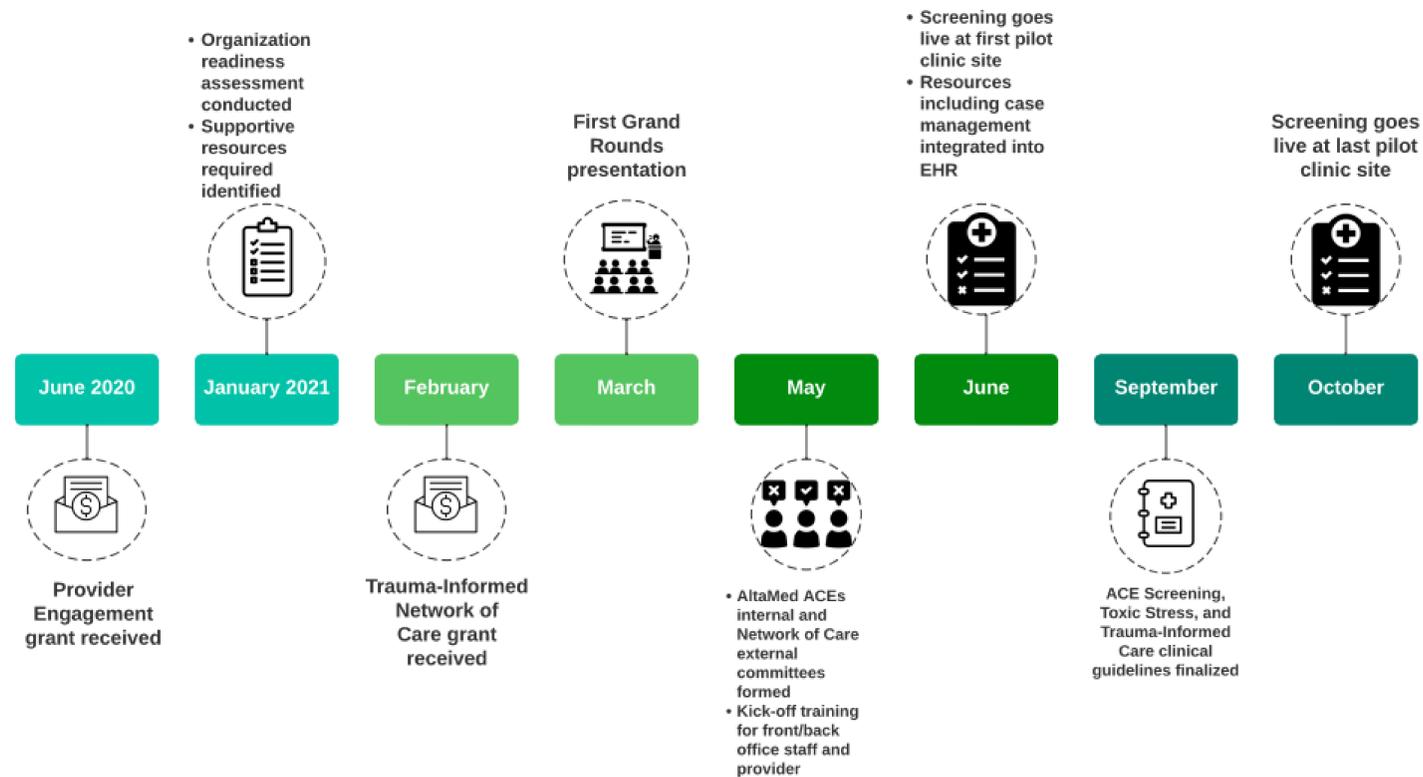
- To determine the percentage of AltaMed’s patient population who are at high risk for toxic stress, promote resiliency, and disrupt the long-term effects of ACEs.
- To create and implement an ACEs screening process that can be replicated at other FQHC and community clinics.

Methods

In January 2021, AltaMed received an ACEs planning grant to develop organizational infrastructure for ACE screenings. Screening took place at four pilot sites and was conducted by four physician champions. The screening tool used was the Pediatric ACEs and Related Life-Events Screener (PEARLS) and includes 10 questions related to abuse, neglect, and household dysfunction. Our screening process included:

- Selecting the age-appropriate PEARLS screener,
- Completion of the screener by the caregiver or teen patient,
- Review of the ACE score by the provider and patient,
- Development of a treatment plan for patients with a positive ACE score, and
- Making referrals to internal departments such as behavioral health, patient care social services, health education, or to external community-based partners.

Implementation Process



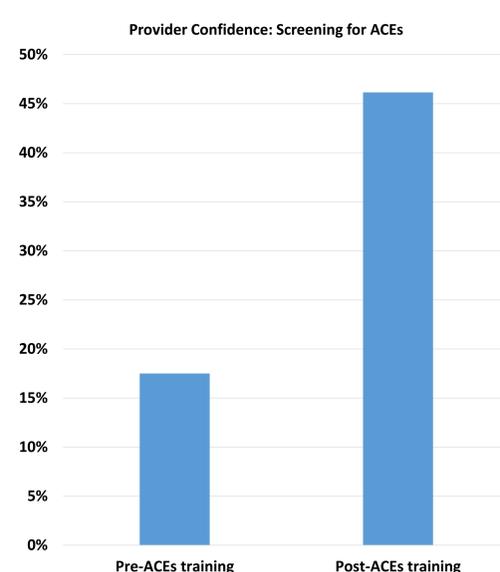
Conclusions

ACE screening was successfully and efficiently implemented in an FQHC setting. Although there is initial hesitation by providers, this was addressed by engaging all clinic staff involved, and creating processes and procedures that were adjusted to the needs of each pilot site. Provider confidence in readiness to conduct ACE screening increased after these trainings were completed. Patients were also receptive to completing the ACE screening. Only 3% of patients declined or deferred the screen.

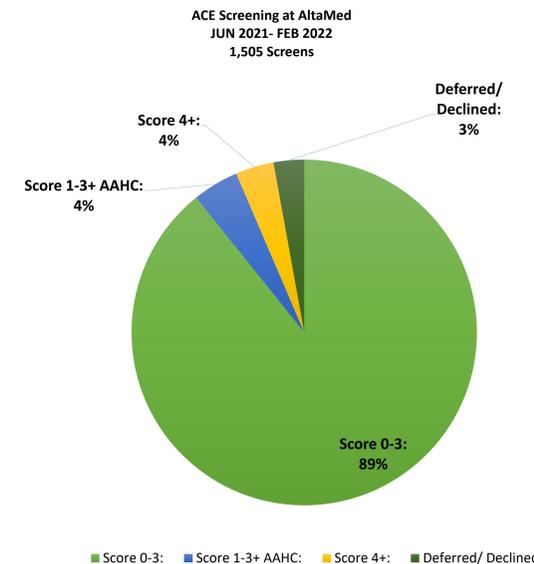
Recommendations

- Engage all stakeholders prior to the formulation of ACE screening processes and procedures, including leadership, provider, and front/back office staff. Provider champions play a key role in the implementation as well.
- Emphasis on patient needs to ensure cultural competent ACE screening, is critical to the success of these efforts.
- Collect data to determine patient needs after screening and to continue process improvement.
- Continue to engage staff to ensure ACEs knowledge and resources are easily accessible.

Findings



More providers were confident conducting an ACE screening after training and reviewing processes and procedures.



7.9 % of patients who completed an ACE screen at AltaMed had a score that was consistent with high risk for toxic stress.

References

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Acknowledgements

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