SDoH and ACEs in Pediatric Settings

SCREENING FOR SOCIAL DETERMINANTS OF HEALTH AND ADDRESSING ADVERSE CHILDHOOD EXPERIENCES IN PEDIATRIC PRACTICES

JUNE 6, 2018

Jane Turner, MD, FAAP

Professor Health Programs, Pediatrics and Human Development, Michigan State University

Chief Medical Consultant for Children's Special Health Care Services 2011- 2017

Many years experience working with children with chronic health conditions and theirfamilies.

Jodi L. Spicer, MA

Adverse Childhood Experiences (ACES)/Youth Suicide Prevention Consultant

Division of Chronic Disease and Injury Control

Michigan Department of Health and Human Services

SIM PCMH Initiative Introduction

Katie Commey, MPH
Care Delivery Lead

Laura Kilfoyle, MPA
Care Delivery Coordinator

SIM Pediatric Office Hours

The SIM Pediatric Office Hour facilitates networking and promising practice sharing across the state. This group is open to all Initiative practice teams and pediatric care managers statewide, offering an opportunity for peer to peer learning. Collaboratively, care managers and practice team members will identify areas of interest, topic focus, and prioritize challenges. Outcomes include:

- “What works”
- “What has been tried and does not work”
- Shared learning
- Identification of best practices
- Identify educational needs

Participant Commitment:

Attendees participate in a variety of ways during this interactive virtual meeting

- Posting questions, sharing experiences and lessons learned
- Completion of a brief survey

SIM PCMH Initiative Requirements

Starting November 1, 2017—all SIM PCMH Initiative Participants are required to start screening entire patient panel for Social Determinants of Health needs.

As of November 1, 2018—all SIM PCMH Initiative Participants are required to ensure that screening includes all MDHHS domains and that the intent of each question is maintained.

See SIM PCMH Initiative website for resources:

- Participation Guide
  - Approved MDHHS template (participants are not required to use this specific template, they can create their own as long as it includes all the required domains and the intent matches that outlined by MDHHS).
  - Screening Intent document

The SIM PCMH Initiative is willing to review tools created to determine if they meet the above guidelines, please send them to MDHHS-SIMPCMH@Michigan.gov

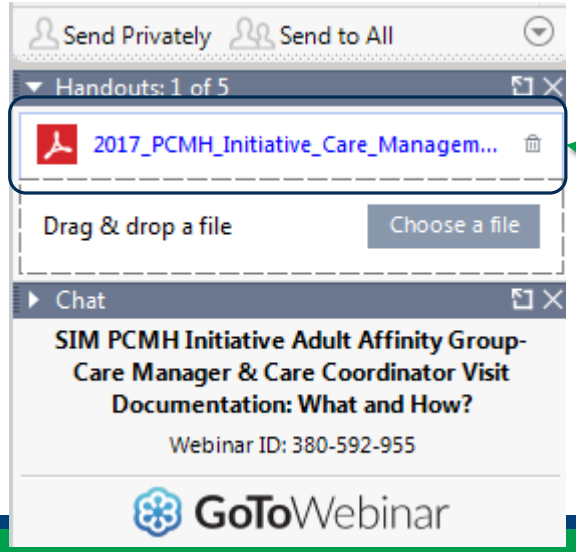
Adverse Childhood Experiences (ACEs) screening is not required by the PCMH Initiative.

Housekeeping: Webinar Toolbar Features

Collapse Toolbar

Raise Your Hand

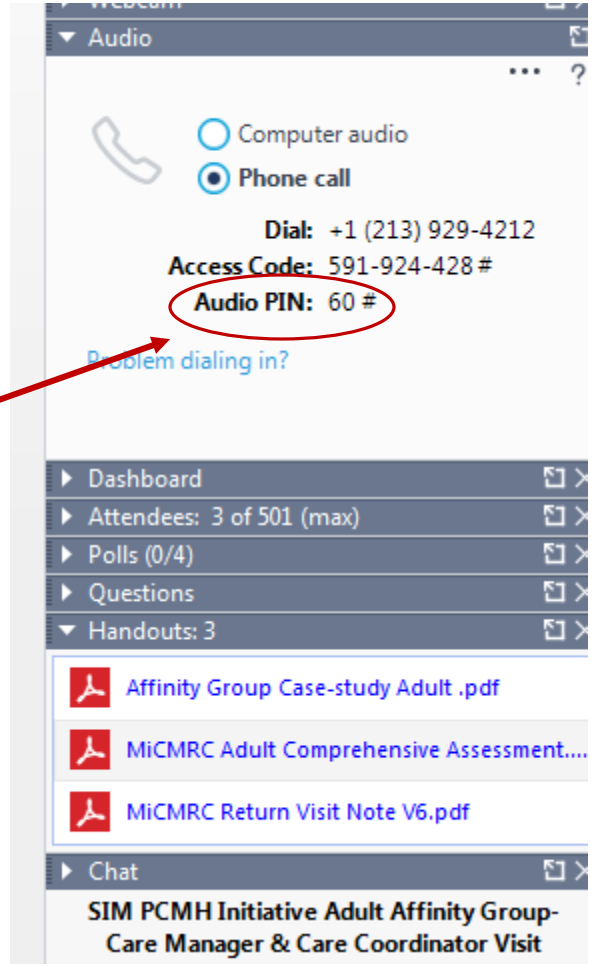
Ask a Question



Access PDF Versions of documents

Use question box at any time for your questions and we will try to answer during session.

If you did not enter your audio pin when first dialing in please input it now to allow for unmuting of your phone



Objectives

Describe the role of the Care Manager in addressing SDoH and ACEs in pediatric settings.

State the rationale for screening for SDoH in medical homes.

State the rationale for screening for ACEs in the medical home:

- Why screen parents about their childhood experiences?
- Why screen children for adverse experiences?

Objectives

Describe how the ACEs questionnaire can be used as a screening tool and how it can be used as an assessment tool for children/youth with chronic health conditions (such as asthma, obesity, ADHD, depression, chronic pain).

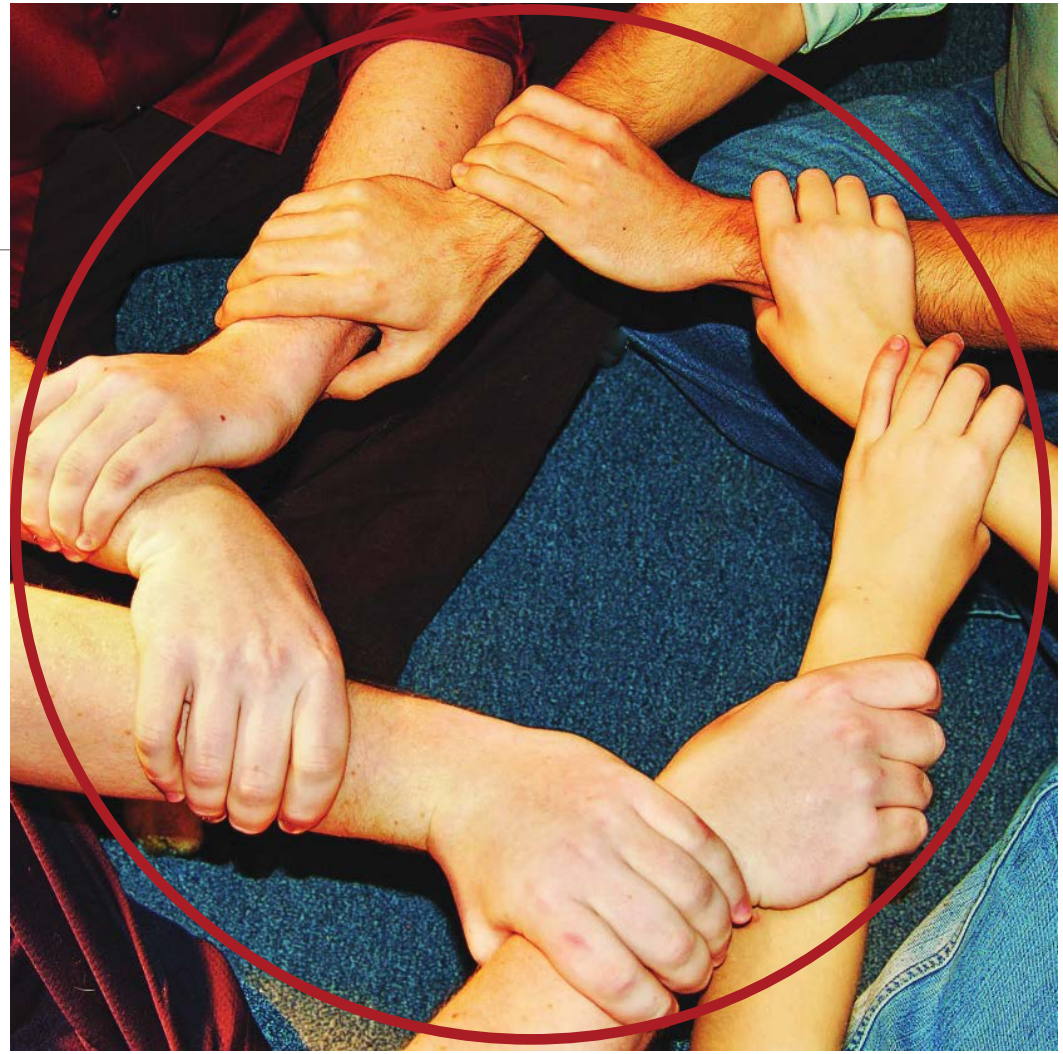
Give examples of language and communication strategies that are useful when discussing ACEs and SDoHs.

Create a hope statement that fosters resilience in a family in which parent or child has experienced adversity.

UNDERSTANDING
Adverse Childhood Experiences

Building Self-Healing Communities

ACE Interface



sity

can affect many important

PUBLIC HEALTH PROBLEMS

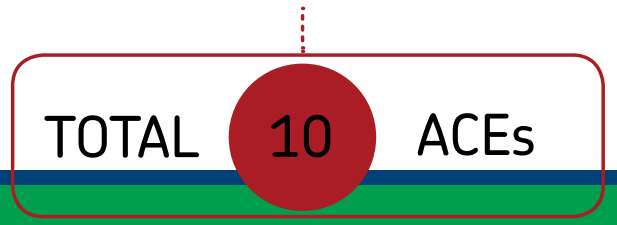
27%

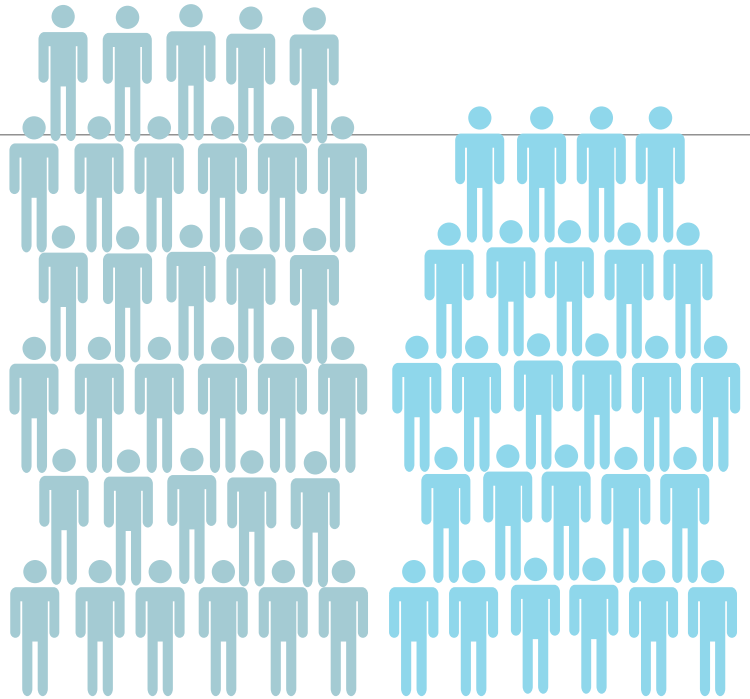
23%

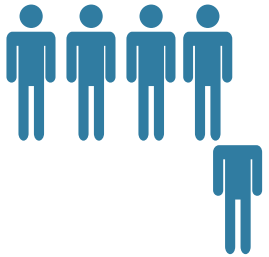
17%

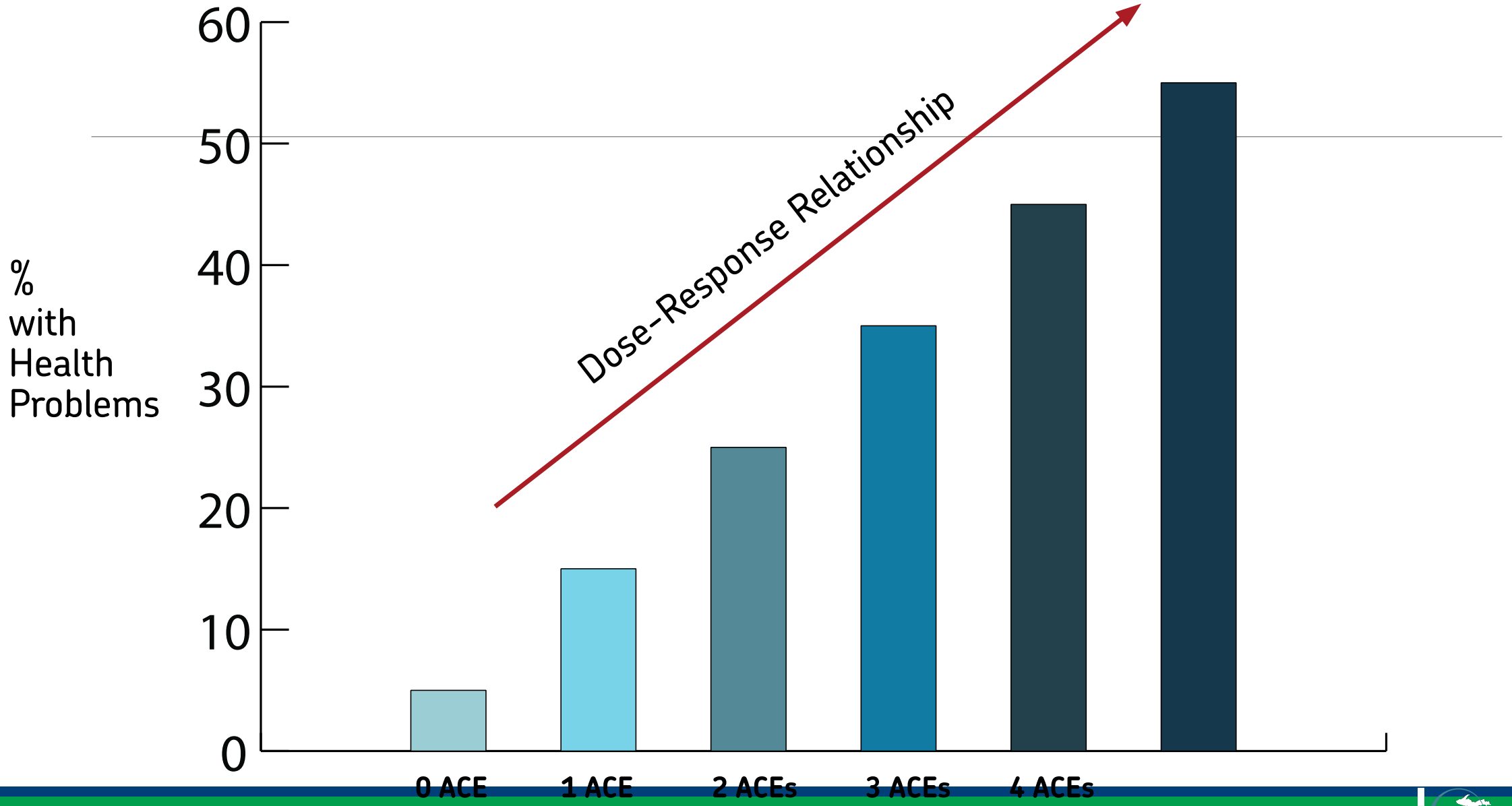
13%

r 6%








60
50
40
30
20
10
0
% with Health Problems
Dose-Response Relationship
0 ACE
1 ACE
2 ACEs
3 ACEs
4 ACEs

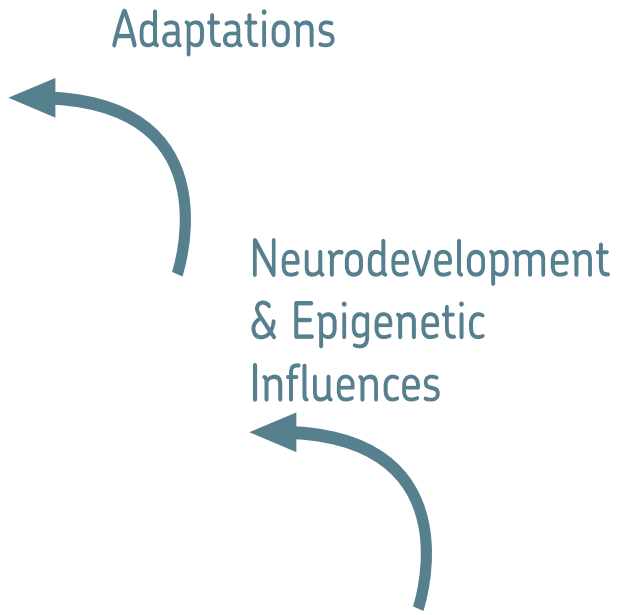
ACE Pyramid

rly
Death

Trauma

Trauma

Trauma



oblems

Obesity

Sexual Behavior Problems

Smoking

Unintended Pregnancy

Violence

Workplace Problems


GROWTH
TEAMWORK
HELP!
SUCCESS
Vision
PARTNER
Ideas!
Brainstorm
30%
10%

Turns Out…Simply Asking Matters!

After asking the trauma-oriented questions, it was found that in the following year, there was a

35% reduction in doctor's office visits

11% reduction in ER visits

"Slowly, I have come to see that asking and listening…and ultimately accepting are a profound form of doing."

~Vincent J. Felitti, MD

Role of the Care Manager

Advocate effectively for screening for SDoH to members of the practice team.

Help to integrate screening for SDoH into clinic workflow.

Respond to needs that are identified through screening.

Assist in monitoring screening processes and improve the workflow if gaps/problems arise.

Why screen for SDoH in medical home?

The impact of social circumstances on health are obvious and well documented in the literature and covered previously in SIM trainings.

Poster at Pediatric Academic Societies, May 2018, reported that referral to community resources increased dramatically with implementation of screening and referral process (*WE CARE):*

- *At baseline, <1% of families were referred to community resources*
- *After implementation, 52% of families identified needs and pediatricians referred 50% of these families to appropriate community resources.*
- *Most frequently reported unmet need were employment (26%), child care (26%), utilities (18%), education (18%), food (10%) and shelter (7%).*

Porto A, et al. Improving pediatricians' identification of and referrals for adverse social determinants of health at well-child care visits. Board 356. Presented at: The Pediatric Academic Societies 2018 Meeting; May 5-8, 208; Toronto.

How to screen for SDoH?

Workflow at *WE CARE:*

- Front desk personnel give the questionnaire at check in.
- Medical assistants enter the data into the medical record.
- Pediatricians offer flyers with information when unmet needs are identified.
- All members of the clinic team are trained on SDoH
  - Rationale for screening.
  - How to talk about it.
  - What to do with a positive screen.

Every practice needs to develop a workflow and to train all staff members so they know their roles.

How to respond to a positive screen?

You might have to dig a little deeper– ask a few follow up questions to identify the need.

Offer resources – you may become familiar with specific resources in your community.

211 keeps the list of resources up to date.

Having trouble meeting your child's needs can be laden with emotions– use your skills:

- Name
- Understand
- Respect
- Support
- Explore

Offer to follow up or be available.

Let's talk about ACEs

Adverse childhood experiences have impact on the child's physical as well as emotional health.

Childhood experiences (ACEs) have impact on the individual's health as an adult.

Parent's ACEs can have impact on the child's health:

- Recent study found maternal ACE score correlates with developmental delays at age 2 years
  - The higher the ACE score, the more domains of development are affected
- Parental ACE score correlates with coping difficulties after hospitalization
- Another study found psychosocial risks in pregnancy, but not in early infancy, contribute to the child development outcomes in infancy.

Folger AT, et al. Parental Adverse Childhood Experiences and Offspring Development at 2 Years of Age. PEDIATRICS March 2018

Shah AN, et al. Parental Adverse Childhood Experiences and Resilience on Coping After Discharge. PEDIATRICS March 2018

Racine N, et al. Maternal Adverse Childhood Experiences and Infant Development. PEDIATRICS March 2018

Screening and/or assessment

The ACE questionnaire can be used as a universal screening tool

- Identify risk before the child has symptoms
- The Center for Youth Wellness has developed a screening protocol
  - CYW ACE-Q child at registration first visit, 9 month wcc , 24 month wcc, yearly 3 – 12 years
  - CYW ACE-Q teen SR (completed by the teen) at registration first visit and yearly 13 – 19 years
  - CYW ACE-Q teen (completed by parent/caregiver) at registration first visit and yearly 13 – 19 years
- See *ACE-Q User Guide for Health Professionals* for step by step work flow and language.

- Consider screening parents for their ACE score

- Rationale for screening – identify risk before symptoms and **provide support to build resilience.**

Introducing an ACE screen

"New research has shown that children's exposure to stressful or traumatic events can lead to increased risk of health and developmental problems, like asthma and learning difficulties. As a result, at this clinic we now screen all of our patients for Adverse Childhood Experiences. Once again, you don't have to tell us which ones your child experienced, only how many. I'd like to take a moment to review your Responses."

From *ACE-Q A User Guide for Health Professionals by the Center for Youth Wellness*

Responding to positive ACEs

"I see that _____ has experienced __ of these items, is that correct? Based on your responses, I want to ask a few more questions about his/her health and development. Has_____ experienced any significant weight gain or loss since these experiences happened? How is he/she doing in school? Has the teacher expressed any concerns? How's ____'s sleep? How you noticed any worsening of _____'s (health condition such as asthma) since these events occurred?"

From the CYW ACE Q User Guide

Intervention….

"We now understand that exposure to stressful or traumatic experience like the ones listed here may increase the amount of stress hormones that a child's body makes and this can increase their risk for health and developmental problems."

"Some of the things that have been shown to help the body recover from adversity and normalize those stress hormones include good nutrition, healthy sleep, regular exercise, therapy, mindfulness like mediation and healthy relationships."

"We also know that a healthy caregiver is one of the most important ingredients for healthy children so the same applies to you. Reducing or managing your stress level is one of the best things that you can for _____ to improve his/her health and development."

"I'd like to refer _____/you to some services that could be helpful."

From CYW ACE Q User Guide

Assessment: relevant symptoms

Sleep disturbance

Weight gain or loss

Failure to thrive

Enuresis, encopresis

Constipation

Hair loss

Poor control of chronic disease

Developmental regression

School failure

Aggression

Poor impulse control

Frequent crying

Restricted affect or numbing

High risk behavior in adolescents

Depression

Anxiety

Interpersonal conflict

Address the ACEs as well as manage the condition……

We now understand that exposure to stressful or traumatic experience like the ones listed here may increase the amount of stress hormones that a child's body makes and this can increase their risk for health and developmental problems."

"Some of the things that have been shown to help the body recover from adversity and normalize those stress hormones include good nutrition, healthy sleep, regular exercise, therapy, mindfulness like mediation and healthy relationships."

"We also know that a healthy caregiver is one of the most important ingredients for healthy children so the same applies to you. Reducing or managing your stress level is one of the best things that you can for _____ to improve his/her health and development."

"I'd like to refer _____/you to some services that could be helpful."

From CYW ACE Q User Guide

Resilience

Research has identified factors that predict good outcomes despite adverse experiences.

A strong consistent relationship with a loving adult has been found to be the most powerful buffer against adversity.

There are questionnaires with items about resilience – some practices use a questionnaire that includes ACE and resilience items.

Alternatively, some providers discuss resilience in response to positive ACEs.

The important point is that children are resilient and there are things we can do to enhance their resilience.

Case 1: Samantha

Samantha is now 24 months old.

She has a major malformation of the brain called holoprosencephaly.

She was followed by pediatric surgery (for G-tube), peds ENT (narrow nasal passageways), peds endocrine (diabetes insipidus), peds pulmonology (chronic lung disease due to aspiration).

All her care is now provided by her medical home team.

Samantha's ACE score is 5.

Samantha's ACE-Q

Parents separated

Father was incarcerated

Mother has mental illness

Father served time for "laying hands" on mother

When he was drunk

HOW DOES THIS INFLUENCE YOUR CARE MANAGEMENT FOR SAMANTHA?

Alisha – Samantha's 9 year old sister

ADHD combined type – takes a stimulant with some response

Enuresis – DDAVP at bedtime helps

BMI is > 95th percentile for age.

You know her ACE score – same as Samantha – it is 5.

HOW DOES THIS INFORM YOUR TREATMENT PLAN FOR ALISHA?

Jaxson

1 month old comes for well child visit

Healthy baby, growing well

Mother's ACE score is 4:

- Her parents divorced when she was 6 years old
- Her father's heavy drinking contributed to the separation
- Her mother had significant depression – mother's aunt took care of her when her mother was "so down she couldn't get out of bed"
- They were homeless off and on during mother's middle school years – living with friends and relatives.

NOW WHAT? Jaxson looks great.

Hope statements

I hope we can help you find the help you need to take care of Samantha with all her needs. Having a child with special needs is stressful on its own – and you certainly have a lot on your plate.

I hope we can help Alisha learn ways to manage her stress so it doesn't make her sick or interfere with her learning.

I hope childhood is less stressful for Jaxson than it was for you.

I hope you get the support you need to be the kind of parent you want to be and can be. We can work on that together. Let's look into some resources for you…..

Summary

You can explain to your practice team why it is important to screen for SDoHs.

You can explain why it makes sense to screen for ACEs in parents and children/youth.

You will consider the impact of ACEs as you work with children/youth with chronic health conditions.

You are familiar with some language you can use when talking about SDoHs and ACEs and you know where to look for more examples.

You can draw on your communication skills – addressing emotions, landing on emotional grenades and hope statements – to establish rapport and help families build resilience.

Resources

MDHHS Adverse Childhood Experiences: https://www.michigan.gov/mdhhs/0,5885,7-339-71550_63445_83290---,00.html

The Deepest Well: Healing the Long-Term Effects of Childhood Adversity by Dr. Nadine Burke Harris

Michigan Trauma Toxic Stress website – has a broad array of information about trauma, it's impact and strategies for trauma informed practices in a variety of settings. The Building Trauma-Informed Systems section has a health care component with links to the AAP's Resilience Project and Nadine Burke-Harris' TED talk as well as other info. www.michigan.gov/traumatoxicstress

The Center for Youth Wellness has a variety of resources including information about their approach to screening, education and referral. www.centerforyouthwellness.org

Example of SDOH screening tool for the pediatric population – www.micmrc.org

Questions, Discussion

SIM
MDHHS State
Innovation Model