Early Prevention: Beginning Chronic Disease Prevention in Childhood

Carey Anne Wheelhouse, MSPAS, PA-C

Director of Clinical Assessment, Assistant Professor | University of Nebraska Medical Center 984300 Nebraska Medical Center | Omaha, NE 68198-4300 402.559.7923 | carey.wheelhouse@unmc.edu

I. Definition of ACE

- a. ACE stands for Adverse Childhood Experience(s)
- b. Specific definitions vary based on source
 - i. CDC Kaiser Permanente Study
 - ii. Behavioral Risk Factor Surveillance System
 - iii. National Survey of Children's Health
- c. While exact definitions may vary, researchers agree that the following are ACEs:
 - i. Abuse: Physical, Sexual, and Emotional
 - ii. Neglect: Physical and Emotional
 - iii. Household Dysfunction: Mental Illness, Family Violence, Divorce or Separation, Parental Incarceration, and Substance Use

II. Epidemiology of ACEs

- a. CDC Kaiser Permanente 1995-1997
 - i. 1 in 4 US children have experienced at least one ACE
 - ii. 1 in 8 US children have experienced four or more ACEs
- b. National Survey of Children's Health
 - i. 23.3% of US children have experienced at least one ACE
 - ii. 18.6% of US children have experienced four or more ACEs
- c. ACEs by Type
 - i. Household Dysfunction > Abuse > Neglect
- d. Cumulative Impact
 - i. As the number of ACEs experienced increases, so does the risk of negative health outcomes

III. Pathophysiology of ACEs in Chronic Disease Development

- a. Toxic Stress Release
- b. ACE Pyramid
 - i. ACE à Social, Emotional, & Cognitive Impairment à Neurodevelopmental Disruption à Adoption of Risky Health Behaviors à Early Death
- c. Direct and Indirect Impacts of ACEs
 - i. Neurochemistry Feedback
 - ii. Epigenetic Changes
 - iii. Intergenerational Epigenetic Effects

IV. Screening Recommendations

- a. Universal Screening Recommendations
 - i. Maternal Post-Partum Depression Screening
 - 1. WCCs 1-6 months of age
 - ii. Child Psychosocial & Behavioral Assessment
 - 1. Parent-Child Relationships
 - 2. Social Determinants of Health
 - iii. Adolescent Substance Use
 - 1. Ages 11+
 - iv. Adolescent Depression Screening
 - 1. Ages 12+

- v. Annual Physical Exam
 - 1. Physical Signs of Adversity
- b. ACE Screening
 - i. Pros
 - 1. Early identification & early intervention
 - 2. Reduce burden of chronic disease & health care costs
 - ii. Cons
 - 1. Lack of clear definitions and treatment guidelines
 - 2. Difference between retrospective and prospective reporting
 - 3. Accessibility of intervention resources
 - 4. Financial burden
 - iii. ACE Screening Tools Available
 - 1. ACEs Family Health History and Health Appraisal Questionnaire
 - a. CDC Kaiser Permanente
 - 2. ACEs Screening Tool for Children and Adolescents
 - a. Dr. Nadine Burke Harris
 - 3. Pediatric Intake Form
 - a. Bright Futures

V. Prevention Strategies

- a. Physician Assistants Can Help!
 - i. PAs provide care for over 400 million patients per year
 - ii. PAs work in all health care settings
 - 1. 31.6% primary, emergency, and pediatric care facilities
 - 2. 56.2% in surgical and other subspecialties including psychiatry, orthopedics, women's health, and more
- b. PAs Can
 - i. Identify ACEs
 - 1. Maintain eco-bio-developmental mindset
 - 2. Observe & Inquire about:
 - a. Parent-child relationships
 - b. Family relationships
 - c. Social Determinants of Health
 - d. Comorbid Disorders
 - ii. Provide Family-Centered & Coordinated Care
 - 1. Medical Home Model
 - a. Accessible, Family-Centered, Effectively-Coordinated, and Multidisciplinary Care between:
 - i. Child & Family
 - ii. Primary Care Provider
 - iii. Specialty & Behavioral Health Providers
 - iv. Schools & Community Organizations
 - iii. Partner with Community and Public Health
 - 1. Local
 - a. School Board
 - b. Mentoring Programs
 - c. Leadership Roles in Health Care Organizations
 - 2. State
 - a. Department of Health
 - b. Constituent Organizations
 - 3. National
 - a. CDC
 - i. Maternal & Infant Health
 - ii. Violence Prevention

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