



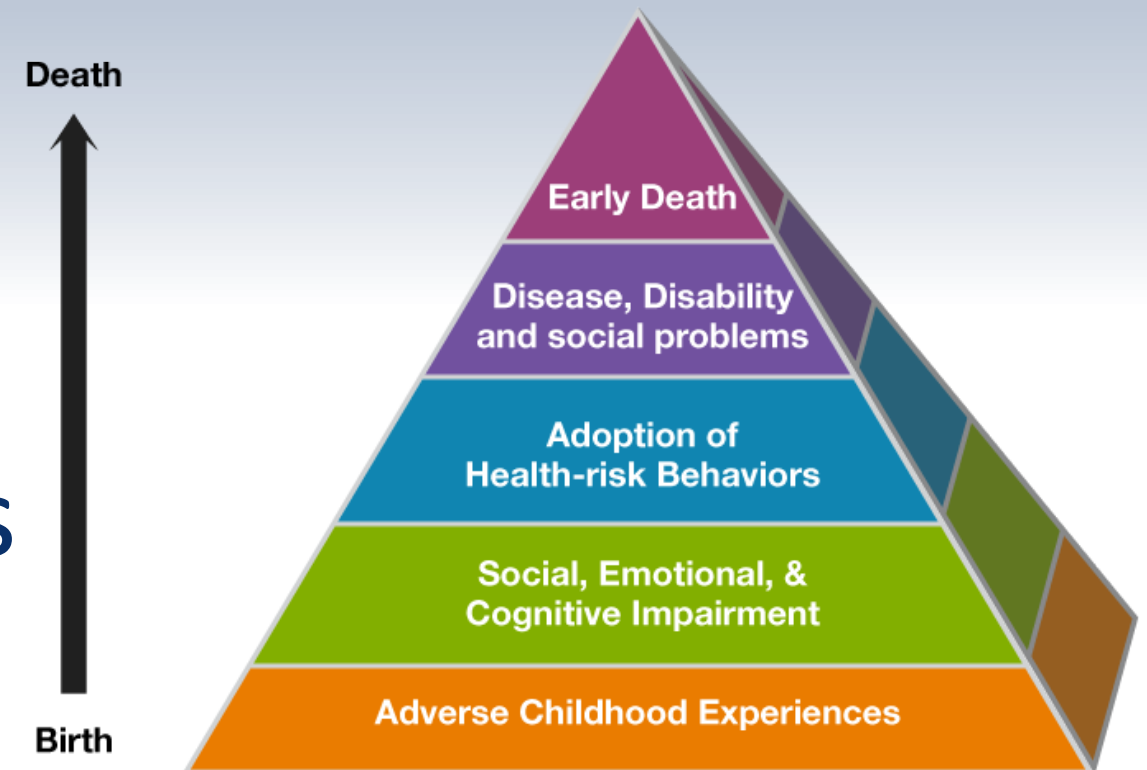
# Adverse Childhood Experiences in Primary Care

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No financial disclosures or conflicts of interest to report

# Adverse Childhood Experiences

- Common
- Proven data
- Barriers in primary care
- Importance of early awareness



# Primary Care Barriers

- Time
- Another questionnaire
- Provider uncertainty
- Lack of knowledge



# Objectives

- To examine, from patient and provider perspectives, issues surrounding implementation of ACE conversations into primary care.
- To generate clinically useful information in the development of an ACE conversation workflow in primary care.



# Methods

- Prospective Study
- Data analysis
  - Qualitative and response driven
- Goal- survey 300 parents/guardians



# Parent/Guardian Recruitment and Enrollment

- Inclusion criteria
  - At least 18yo
  - Presenting with a child 6m-17yo
  - Willing to complete survey (completion = consent)
- Exclusion criteria
  - Previous participation



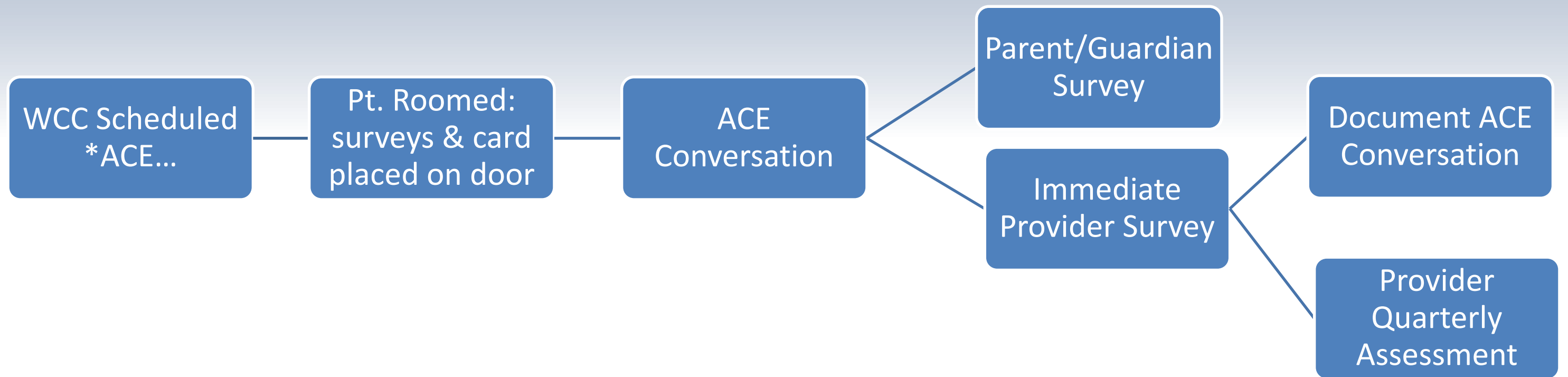
# FM Provider Enrollment

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- Eligible after completed ACE training
  - 2 sessions
- Sign consent form



# Study Design / Workflow





# Preliminary Results

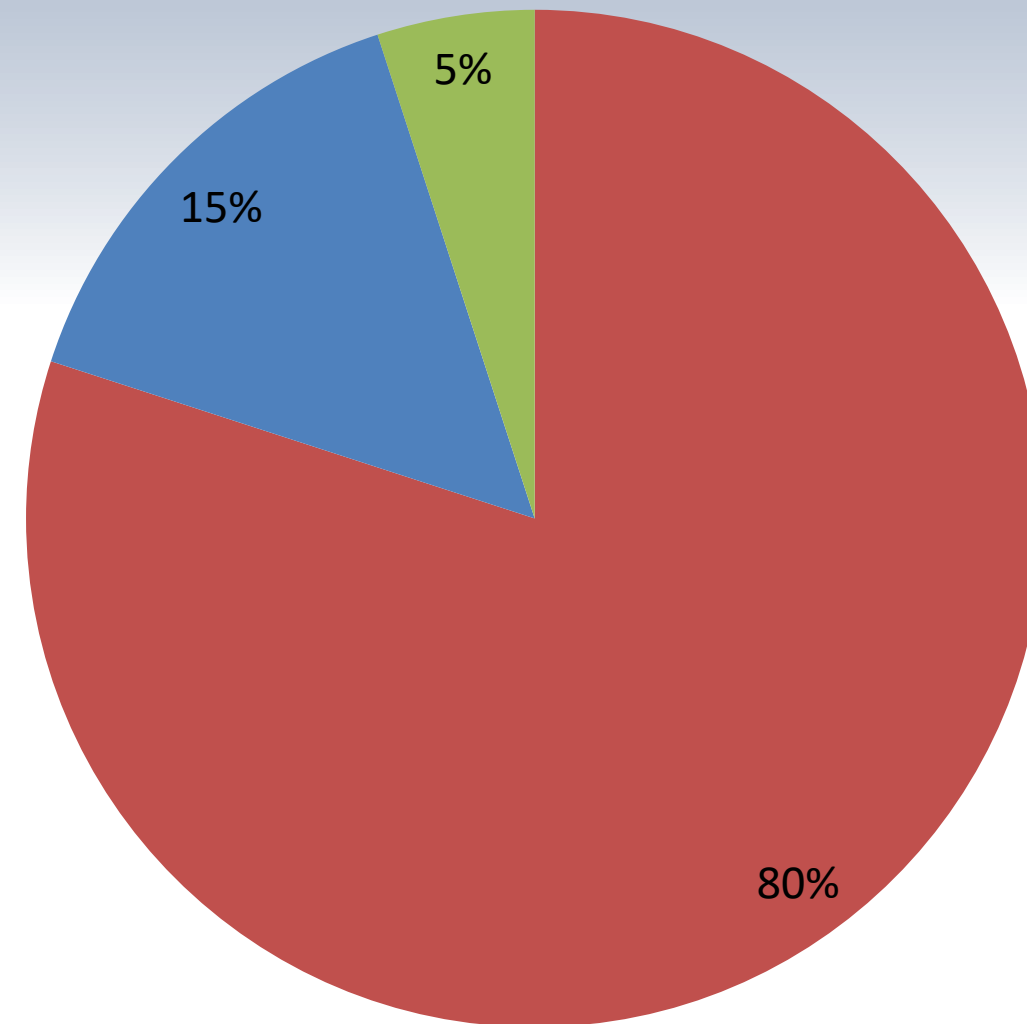


# Parent/Guardian Demographics

Demographic	n (%)
Age (mean)	36.6 ± 7.6
<b>Sex</b>	
Female	165 (80.9)
Male	32 (15.7)
Missing	7 (3.4)
<b>Number of Children</b>	
1	46 (22.5)
2	66 (32.3)
3	54 (26.5)
4	25 (12.3)
>4	10 (4.9)
Missing	3 (1.5)

# How comfortable did you feel receiving this information from your provider?

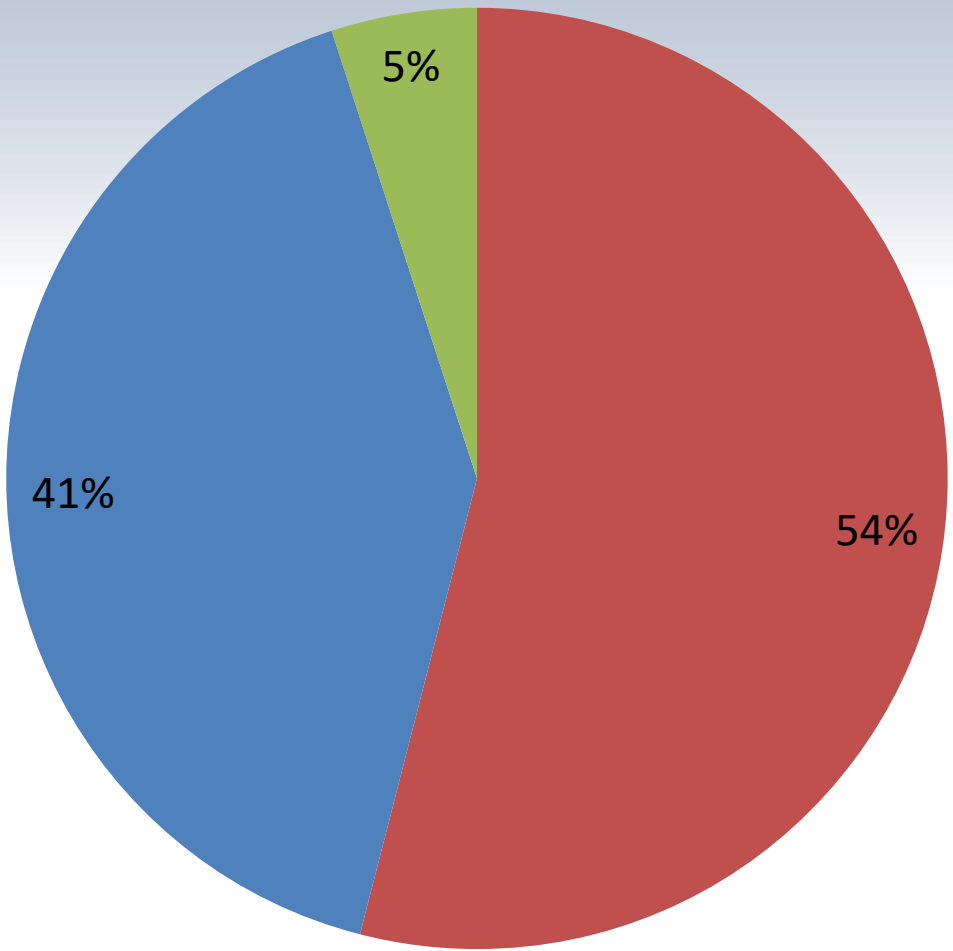
Comfortable Neutral Uncomfortable






# How interested are you in this information?

Interested Neutral Uninterested

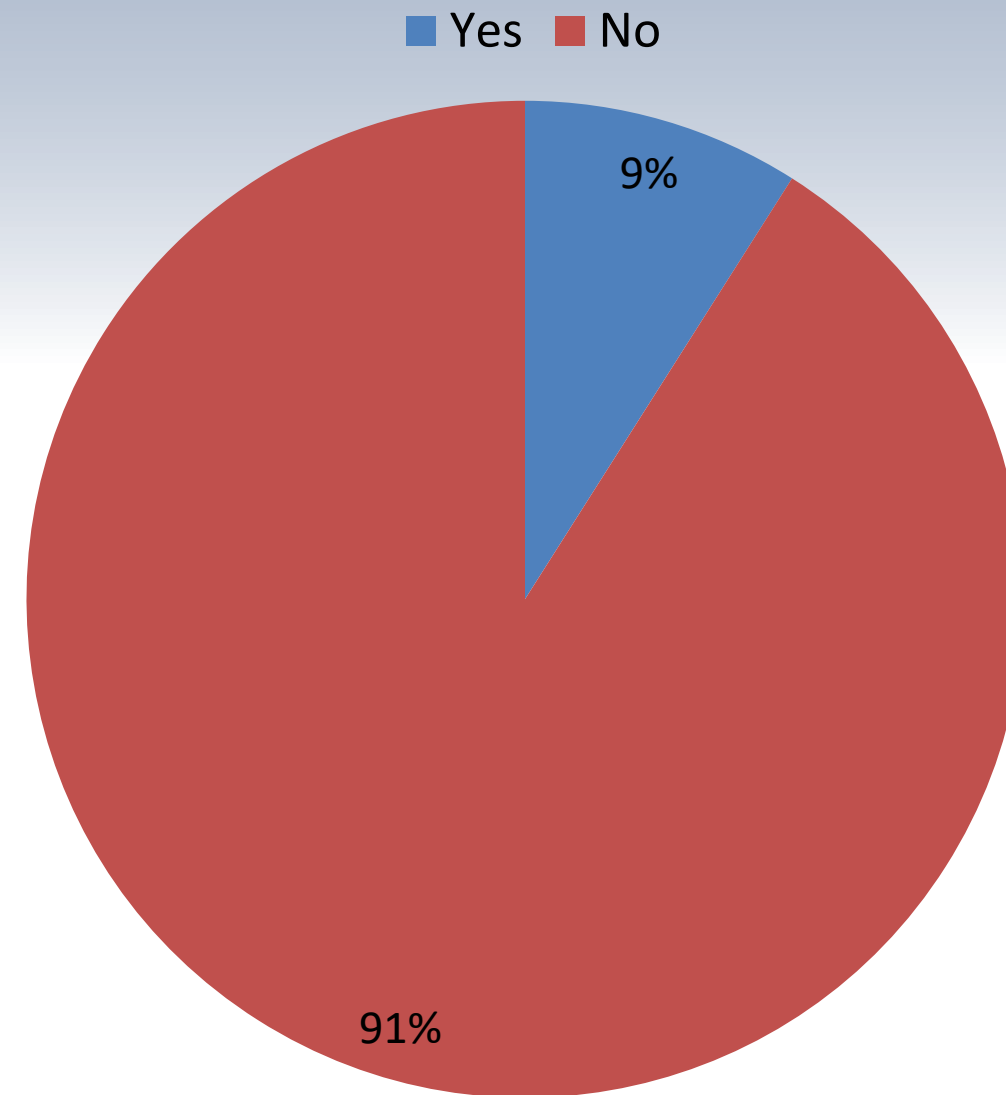




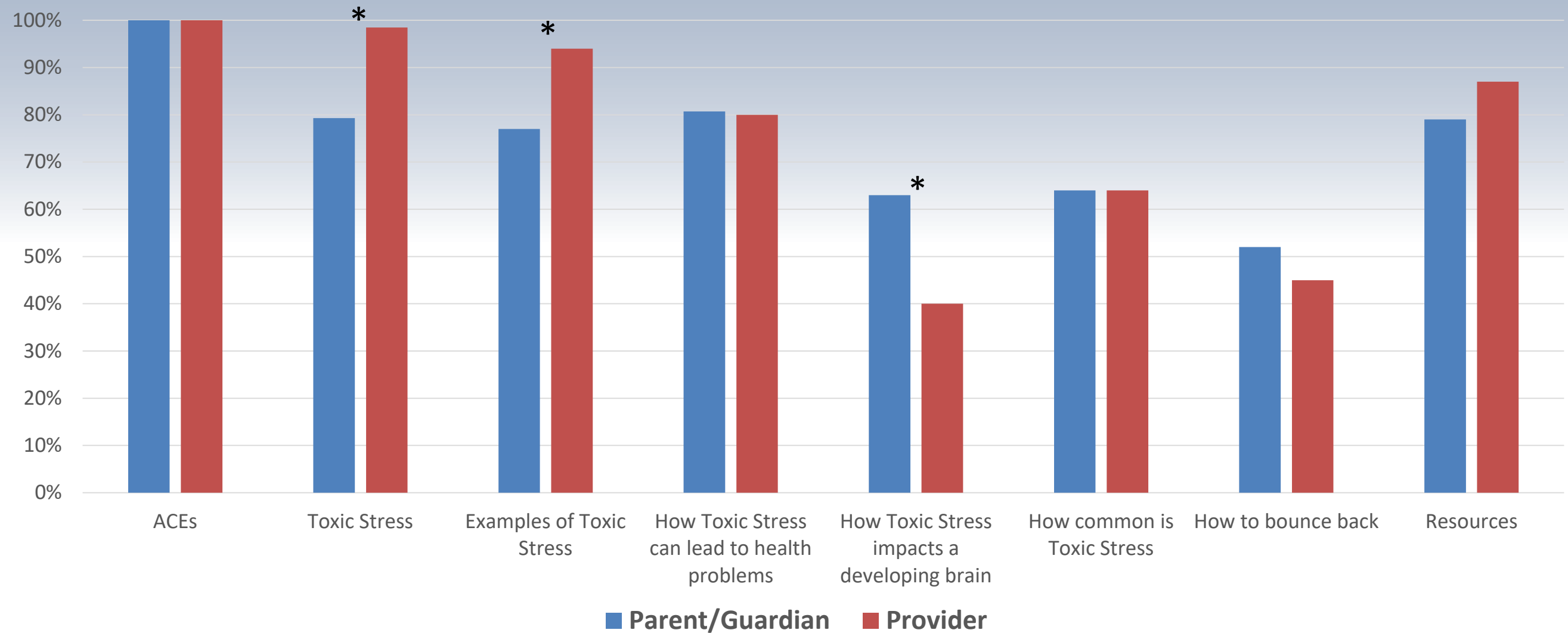
# Would you rather learn this information from someone else?

- 97% do not want to learn this information from someone else.

# Following this discussion, did the patient disclose any adverse events for themselves or their child?



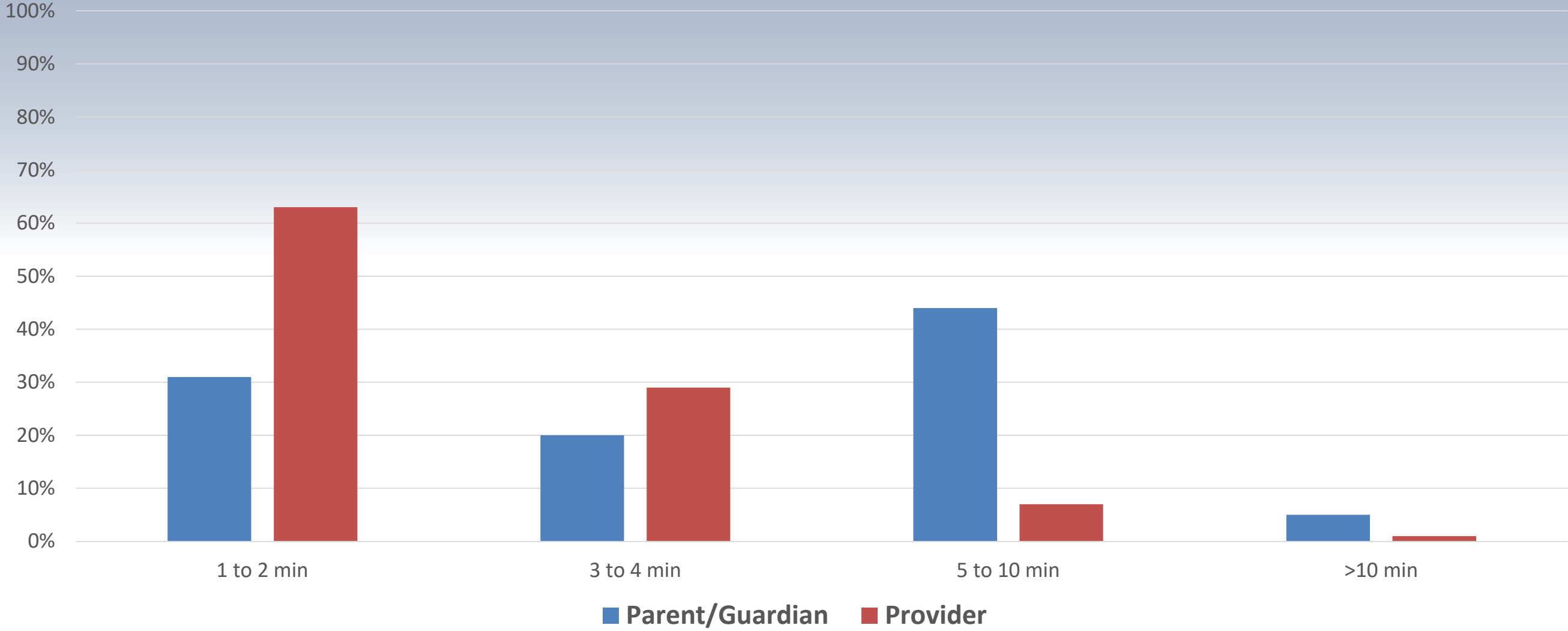
# Parent/Guardian vs Provider Conversation Topics Covered



\* p<0.001



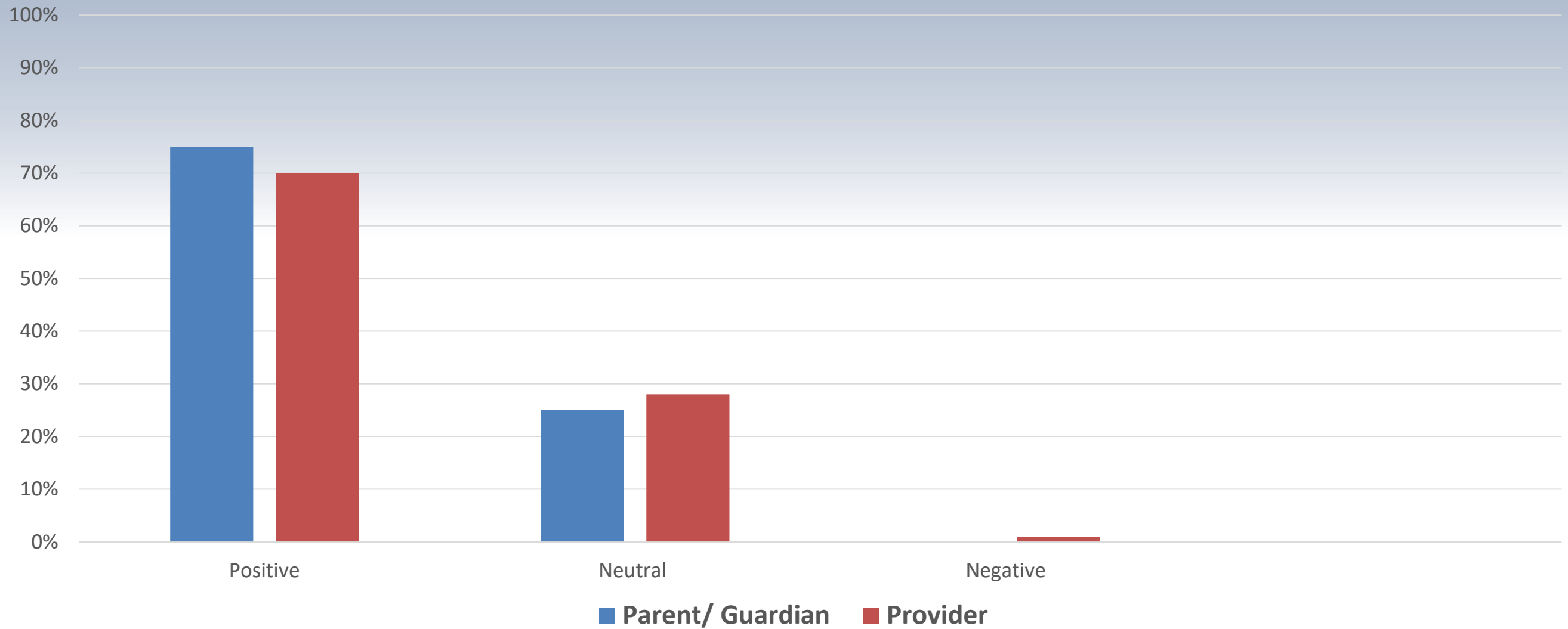
# Length of the Conversation



p<.0001



# Patient Response to the Discussion





# Key Learning Points



- Duration- 1-2 minute conversation
- Well received by almost all of the parents/guardians
- Positive feedback from majority of providers
- Desire to have the physician discuss ACEs
- Few “Disclosures,” no mandated reports

# Next Steps

1

Further expand

2

Future research

# Excitement!



- Pediatric Department to add ACE Conversation to well child checks
- ACEs work flows adopted as part of health center strategic plan

Questions?



