



Gundersen Health System Becomes Trauma-Resiliency Informed

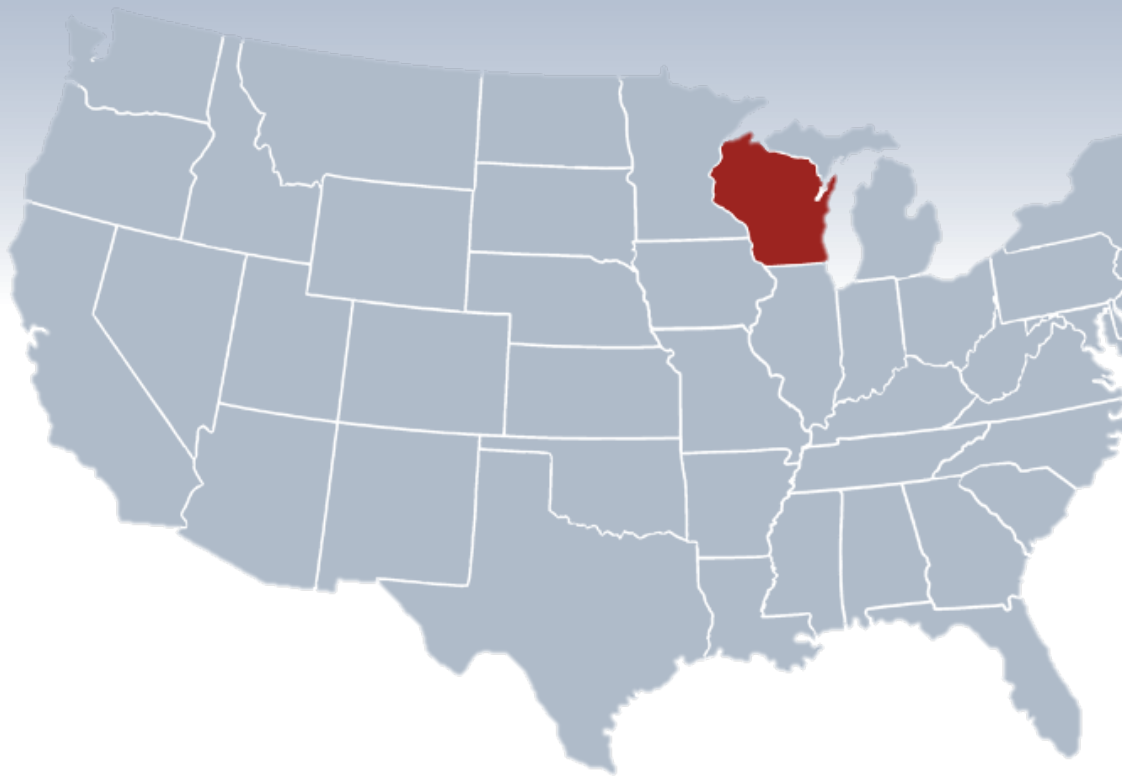
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La Crosse, Wisconsin



The Challenge

“If we were smart enough to get this scientific data, are we now brave enough to use it?”

- Vince Fellitti, MD





ACE data implementation Gundersen Health System Vision

- To make known the relevance of adverse childhood experiences to brain and physical health outcomes across the life span;
- To use this data as a tool for primary prevention, early intervention and tertiary care;
- To improve brain and physical health outcomes in our community across time;
- To teach the ACE Conversation across an ever-widening circle of influence outside the walls of the medical center



ACE informed projects 2013-current

- Universal Screening: Pediatrics, Behavioral Health, Family Medicine >5000
- No Hit Zone – 4500 health system staff trained; replicable toolkit developed
- Gunderkids –46 parents, 47 infants
- Parents Raising Resilient Children – 463 parents enrolled
- Medical School 3rd year curriculum –122 students; 1,220 trainings
- ACE/TIC Training – 2000 community and medical professionals trained
- Research projects – 8
- Population Health department established
- Behavioral Health Consultant Model adopted system wide
- National & international trainings – 80,000+ trainees of various disciplines

WHY the ACE data?

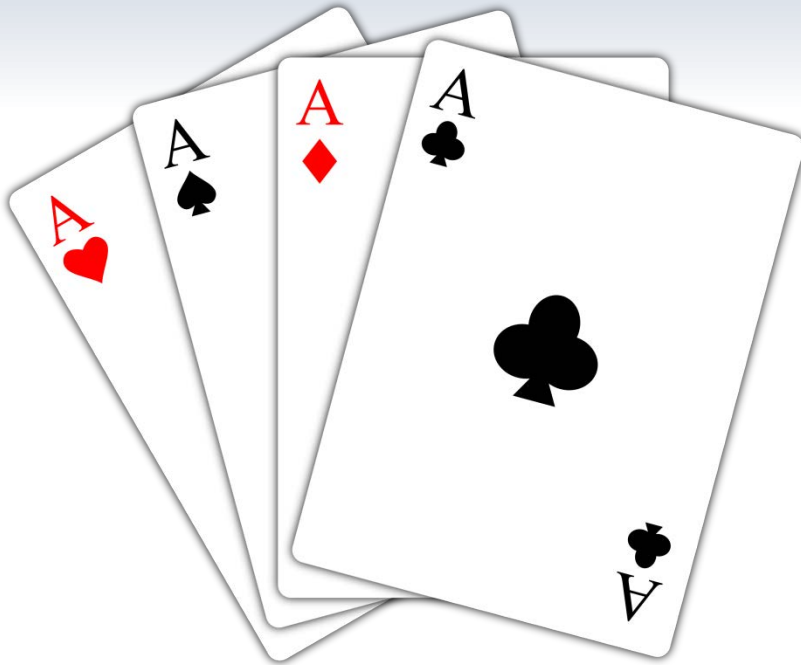
• or why did you stick with the ACE idea??

- Direct relevance and importance in a health system
- Physical and brain health approach
- Replicated research data across the country



WHY THE ACE DATA?

- As a community tool
- Flexible use between and within systems



Feedback from parents

- “Everyone raising children needs to know this information.”
- I like knowing how to raise resilience in my children because difficult things will happen in their lives at some point.”
- “I want you to know that my score is a lot higher than my child’s score. “

MD and NP Feedback

- “Reading ACE summaries on my patients and finding it useful and relevant. I want and need more education.”
- “Just saw an article in Pediatric Annals about this work and its importance in primary care.”
- “Pediatricians are not behavioral health specialists. I am not sure this belongs in pediatric care.”

Feedback from adult patients



“I have gotten my medical care here since I was a child and no one has asked or known about my history of maltreatment, which has affected my health, I am pretty sure. Thank you for asking.”

“ I look good on the outside, but now you know I am something different on the inside”.

“Finally. Someone understands that my stomach ache is not just in my head.”

Medical student feedback

- “Important application of research data to practice.”
- “Troubling to contemplate what others have been through. The amount of people with traumatic events was higher than I expected. I felt like I had been blind.”
- “Great insight on how to talk with patients.”
- “Interesting topic but an extra hour of cardiology or GI or Dermatology would have been more useful.”



Medical student feedback

- “Grateful to have had this lecture as I have a better understanding of the prevalence of ACES and what it means in a medical practice.”
- “Brought to light the use of ACES, its promise and its potential pitfalls. Prepared me to care for a more diverse patient population.”
- “One of us residents needs to do this research project because we all need to learn to have an ACE Conversation with our patients.”



Observations – Pediatric Work Flow

- HCPs interested and invested, but low level of confidence in addressing maltreatment in primary care;
- Conceptualize the patient as the child and not as the child-patient dyad;
- Concern about length of time and “can of worms” being opened in pediatric visit



ACE conversation in Primary care

- Universal for all patients
- Occurs in context of trusting patient-health care provider relationship
- Recognizes parents' strengths
- Encourages safe, stable and nurturing relationships
- Does not use the ACE research questionnaire as a screener
- Does not require disclosure
- Recognizes other common adversities
- Does not tally a score
- Recognize effects of prior adversity as it relates to health

THE ACE CONVERSATION

Adverse Childhood Experiences

When bad things happen in families it can cause toxic stress for children. Toxic stress is common. **It affects 7/10 families.**

SOME CAUSES OF TOXIC STRESS

Abuse, neglect, loss of parent, witnessing parental violence, substance abuse, mental illness, or incarceration

INCREASED RISK

Toxic stress can lead to greater risk for health problems now and later in life.

Related health problems

- Diabetes
- Obesity
- Liver Disease
- Cancer
- Stroke
- Heart Disease
- Chronic Pain
- Depression
- Anxiety
- Smoking
- Addiction



You can help protect your children from toxic stress.

**Providing a safe environment
+
teaching resilience
= less toxic stress**

Being resilient is being able to bounce back after bad things happen.

To raise resilience in the family start with these simple steps:

- Keep a regular daily schedule
- Get enough rest
- Spend quality time together
- Stay close to friends and family
- Break down large problems into smaller ones
- Take a break
- Reduce screen time



Parenting is a hard job. You are not alone. Ask for help if you need it.

Community professionals such as doctors, nurses, social workers, counselors, psychologists, therapists, teachers and others can help with parenting questions or concerns.

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ACE conversation starting points

1. Stressful things happen in many families which are risk factors for poor health outcomes
2. 7:10 people have 1 or more of these difficulties in their childhood; 1:4 have 3 or more
3. As the score increases, so does the risk for poor health outcomes
4. The score is a measure of risk and is not causative
5. The effect of the ACE indicator is lessened by safe, stable and nurturing relationships which build resilience
6. No disclosure expected or required

ACE conversation research proposal

Family Medicine residency



GOALS:

- To inform our understanding of the best ways for providers in primary care to have this sensitive conversation with patients
- To develop clinical practice models and workflow solutions to reduce barriers to these conversations
- To inform the larger healthcare system practice
- To study clinical health outcomes

Intended Result

- 1. To enhance the physician and patient relationship as the ACE conversation is experienced as improving patient care;
- 2. To develop a process which addresses the concerns about time and documentation;
- 3. To promote the ACE Conversation as part of a thorough history and assessment which must include toxic stress knowledge and application



“If you think you’re too small to make a difference, try sleeping in a room with a mosquito.”

