

Barriers and Facilitators to Adverse Childhood Experiences (ACEs) Screening in a Rural Montana Clinic

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ABSTRACT

Adverse Childhood Experiences (ACEs) affect almost 70% of the population, yet providers don't screen for them.

The purpose of this Doctor of Nursing Practice quality improvement project was to identify barriers and facilitators to ACEs screening at a nurse practitioner (NP) owned and operated family practice clinic in rural Montana.

The NPs were educated about ACEs and how to use the ACE screening tool. A pre- and post-education test assessed learning and showed increased knowledge of ACEs. The NPs (n=2) evaluated the ACE screening tool usability and a sample brochure for mental health and health behavior support systems.

More barriers than facilitators were identified.

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INTRODUCTION

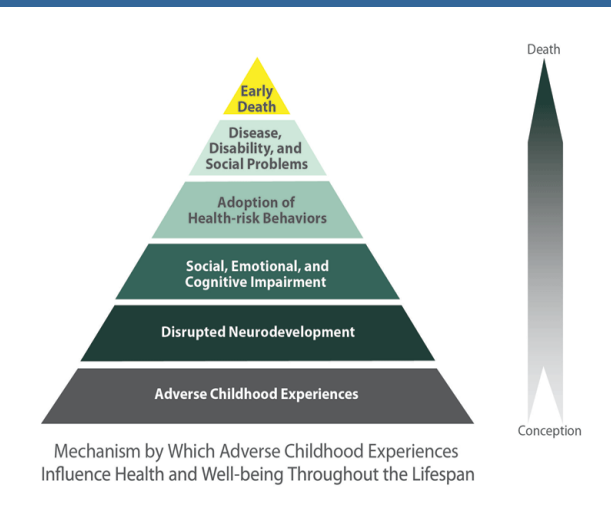
The goal of this project was to identify barriers and facilitators to ACE screening at this rural MT clinic. ACEs are adverse childhood experiences of abuse or household dysfunction under the age of 18. ACEs are categorized as neglect; abuse (physical, sexual, or emotional); parental loss, familial mental illness or substance abuse, or witnessing domestic violence. Exposure to ACEs negatively impacts individuals physically, mentally, and developmentally throughout their lives.

Montana is #1 in suicide and ranks high in tobacco and alcohol use, both of which are health risk behaviors. A gap in practice identified no assessment of ACEs at this Family Nurse Practitioner (FNP) Clinic.

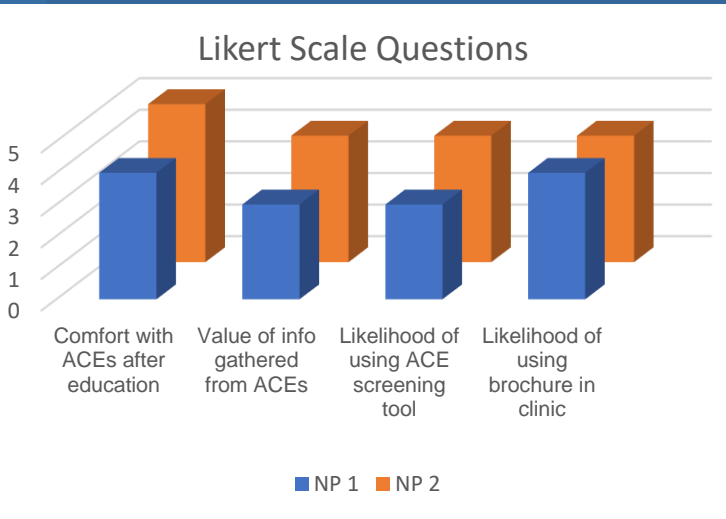
METHODS

FNP Clinic in a small town in rural MT. Approx. 6,000 people in 20-mile radius. 2 NPs own and operate clinic >8 yrs. Testing and education during lunch Approved Gonzaga University's IRB Exempt status for QI project

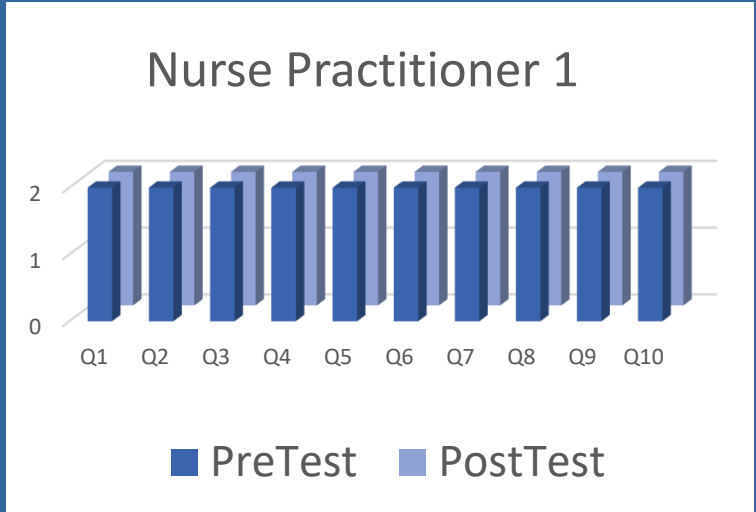
Pre/post education test scores
30 minute power point presentation
Evaluation of ACEs screening tool and a brochure about health behaviors for patients.
Preference survey –
Likert scale
Qualitative questions



ACEs influence on health & well-being



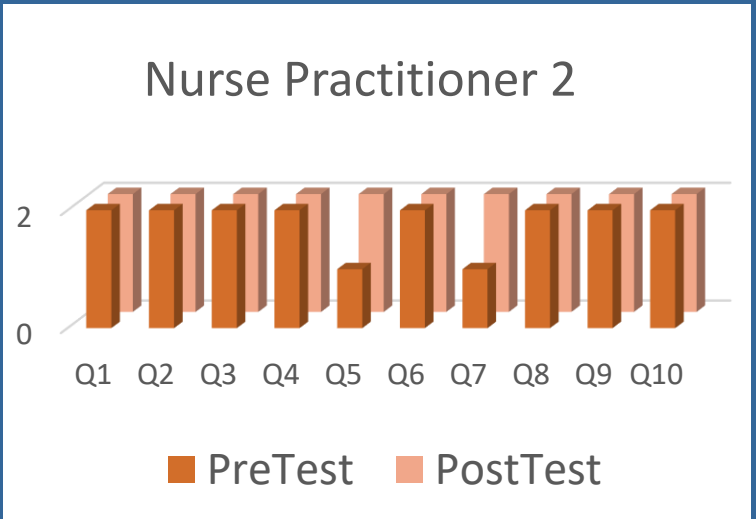
Qualitative Data



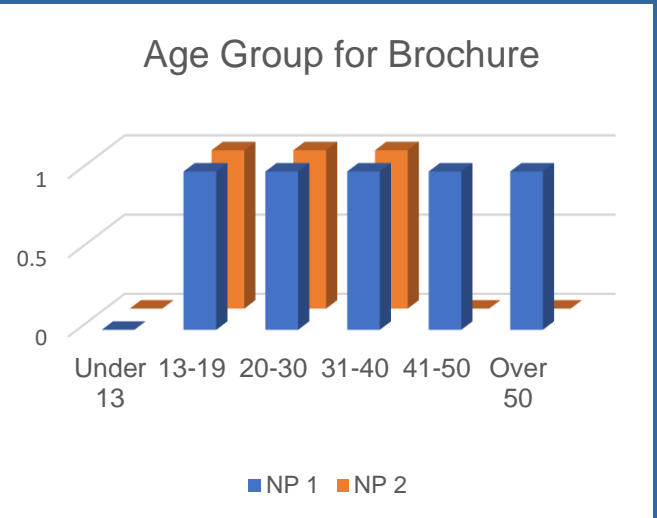
Quantitative Data



Sample Brochure



Quantitative Data



Target Ages for Brochure

RESULTS

Barriers

Screening tool
Process of screening for ACEs
Not enough time for screening and counseling
Limited resources for patients available
Brochure edits based on clinic needs
Cost of brochures

Facilitators

Valuable information obtained
Identify at risk individuals
Information not normally obtained
Increased comfort in talking about ACEs
Local resources in brochure

DISCUSSION

More barriers than facilitators of ACEs screening identified. The NPs demonstrated increased knowledge of ACEs, but not necessarily increased comfort screening patients routinely.

The preference survey indicated that the providers would like more training on using the screening tool or entertain a less disclosing style screening tool. In a review of the brochure, providers required modifying it to provide anonymity of front and back panels modifications for brochure.

RECOMMENDATIONS

- NPs consider ACEs when assessing
- Brochure to provide anonymity of front and back panels
- Trial ACE screening
 - o Brochure for patients with 3 or more ACEs
 - o Track harmful health behaviors
- Create an ACE screening tool :
 - o ACEs from list of multiple ACEs
 - o Algorithm for FNPs to refer to Mental Health Providers
- Develop a screening tool for pediatrics

REFERENCES

ACEs Connection website, 2016, Original ACE study, *ACE Surveys (different types of)* retrieved from <https://www.acesconnection.com/g/resource-center/blog/resource-list-extended-aces-surveys> on 11/1/2018
Center for Disease Control and Prevention (CDC) Website, *ACEs study*
Violence Prevention section of CDC website, 2018, <https://www.cdc.gov/violenceprevention/acesstudy>