

MICHIGAN ACTION LEARNING NETWORK (ALN) PRIMARY & BEHAVIORAL HEALTH INTEGRATION FOR CHILDREN & FAMILIES

Practice Brief 3

February 2015

USING WHAT WE KNOW TO FIGHT THE HIDDEN EPIDEMIC



Science has given us compelling evidence of the link between adverse events in childhood and the leading causes of death and disability throughout the lifespan. Yet, we are slow to use this evidence. This practice brief highlights the findings of the Adverse Childhood Experiences (ACE) Study and calls attention to our earliest opportunity: improving the health of children and their families through more integrated healthcare.

This practice brief is the 3rd in a series of briefs resulting from the work of the Michigan Action Learning Network (ALN). The ALN was formed in 2013 by a group of Community Mental Health Agency Children's Services Programs representing, Kent, Kalamazoo, Saginaw, Wayne, and Clinton/Eaton/Ingram counties for the purpose of identifying strategic action around primary/behavioral health care integration for children.

THE HIDDEN EPIDEMIC

Research on early life trauma has proven to have a significant negative impact on physical health, yet our interventions often miss this key component, creating a hidden epidemic. Hidden because attention to the enduring effects of childhood trauma is often missing from care planning and delivery, as well as policy decisions about structure and resources. Felitti and Anda conclude that the **Adverse Childhood Experience (ACE) Study** illustrates the "often profound relationship between adverse childhood experiences and important categories of emotional state, health risks, disease burden, sexual behavior, disability, and healthcare costs – decades later."¹ It is critical to understand that some of the most challenging health and social problems we face are a consequence of adverse childhood experiences. The ALN believes that integrating physical and behavioral healthcare is a valuable strategy for addressing this hidden epidemic and that ACE Study data support such strategic action.

WHAT WE KNOW

The original ACE Study was conducted at Kaiser Permanente between 1995 and 1997. ACE is one of the largest investigations ever to link child maltreatment with adult health. The current work is a collaboration by the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic (<http://www.cdc.gov/violenceprevention/acestudy/>). This research links various stressful

and traumatic childhood events, including abuse and neglect, to a wide range of **poor behavioral and physical health outcomes in adulthood**. Poor adult health outcomes include:

- Depression
- Diabetes
- Heart Disease
- Substance Use
- Cancer
- Early Death

The bottom line: Childhood trauma has devastating consequences, both emotionally and physically, that underlie our most common and costly health problems.

THE ACE PYRAMID

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines adverse childhood experiences as stressful or traumatic experiences, including abuse, neglect and a range of household dysfunction such as witnessing domestic violence, or growing up with substance abuse, mental illness, parental discord, or crime in the home (<http://captus.samhsa.gov/prevention-practice/targeted-prevention/adverse-childhood-experiences/1>). The ACE study concludes that adverse experiences in childhood are common, and prevalence data indicate they occur in clusters rather than isolated events.

Visit the CDC website to read more about the pyramid: <http://www.cdc.gov/violenceprevention/acestudy/pyramid.html>



¹ Felitti, V & Anda, R. (2010). The relationship of adverse childhood experiences to adult medical disease, psychiatric disorders and sexual behavior: Implications for healthcare. In R. Lanius, E. Vermetten, & C. Pain (Eds.) *The Impact of Early Life Trauma on Health and Disease: The Hidden Epidemic*, eds. (p.77). New York: Cambridge University Press.

ACE DATA FOR MICHIGAN

The Michigan Department of Community Health estimates that in 2011-2012 one million children, 49.7% of the state's child population, experienced one or more adverse family experiences, which is significantly higher than the national rate.

Report available at: http://www.michigan.gov/documents/mdch/ACEs_fact_sheet_-_new__2_466877_7.pdf

Child Trends reported that 14% of Michigan children aged birth to 17 reported having 3 or more adverse childhood experiences, 35% reported having 1 or 2, and of 51% reported no adverse childhood experiences.

Research Brief available at: http://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences_FINAL.pdf

MORE ACE RESOURCES

Role of ACE in Substance Abuse and Behavioral Health: http://captus.samhsa.gov/sites/default/files/capt_resource/aces_fact_sheet_10_31_12.fin__2.pdf

Prevalence of ACE: <http://www.cdc.gov/violenceprevention/acestudy/prevalence.html>

ACE and Brain Development: http://www.srcd.org/sites/default/files/documents/spr_28_1.pdf

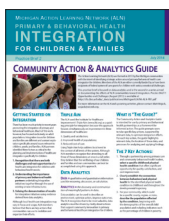
ACE in Low-income Urban Youth: <http://pediatrics.aappublications.org/content/early/2014/06/10/peds.2013-2475>

ALN HEALTHCARE INTEGRATION RESOURCES

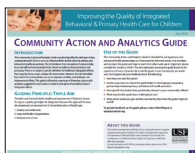
Visit <http://cfs.cbcs.usf.edu/projects-research/detail.cfm?id=491> to read about work that the ALN has done on Integrated Care in 2013 and 2014.



Practice Brief 1



Practice Brief 2



Analytics Guide

"ACE scores can identify parents who may need help with the effects of toxic stress from their childhood, so they do not pass that toxic stress onto their children. Intervening at soon as possible, with parents of infants and young children, appears most helpful. ACE scores can play a key role in connecting families to effective early interventions."

—The Michigan Association for Infant Mental Health

USING ACE DATA TO BUILD INTEGRATED HEALTHCARE

Michigan's Action Learning Network (ALN) believes that efforts to integrate healthcare must be evidence-based. How can this be accomplished? ACE findings make a strong case that better physical and behavioral health outcomes can be achieved by providing more family-centered integrated care. These findings lend legitimacy to addressing behavioral health conditions in tandem with physical health conditions such as asthma and diabetes.

ALN's Community Action and Analytics Guide (http://cfs.cbcs.usf.edu/projects-research/_docs/Action&Analyticsguide.pdf) offers a systematic way to use evidence to guide and support the joint actions required for healthcare integration. The following examples highlight strategies for putting ACE data into action at the local level.

Key Action: Use ACE data to establish the connection between behavioral and physical health. ACE clearly shows the link between trauma and the origin of behaviors that underlie the leading causes of disability and death (i.e., smoking, alcohol or drug abuse, overeating). This information is extremely relevant to local efforts aimed at mobilizing primary and behavioral healthcare partners to work together on care integration.

Key Action: Use ACE data to build awareness of best practice treatment options. ACE findings can guide community stakeholders toward answers to that daunting "now what" question. Community partners can set priorities and share resources about behavioral health interventions. Useful web-based resources include: The National Child Traumatic Stress Network (<http://www.nctsn.org/>), and the American Academy of Pediatrics (<http://coe.csusb.edu/documents/CRPsychosocialInterventions.pdf>).

Key Action: Use ACE data to assess changes in quality, satisfaction, and cost. ACE findings point to the value of using measures that assess the results produced jointly by integrated behavioral and physical interventions, rather than viewing the interventions and results in isolation. Behavioral and primary care providers need to share outcomes, recognizing the upstream contributors to adult disease. Used together, medical monitoring and behavioral health intervention can yield desired outcomes—in quality, family satisfaction, and ultimately lowering healthcare costs.

ALN OBSERVATIONS

1. Evidence on the long-term impact of childhood trauma makes it imperative that both behavioral and primary care providers shift practice toward more collaborative and integrated care.
2. Integration efforts should focus on upstream interventions that have been shown to influence adult disease trajectories.
3. The ACE Study underscores the legitimacy of the identification and treatment of behavioral health conditions and the importance of integrating care so that these conditions can be more effectively addressed in primary care settings.
4. More systematic approaches are needed to help retool the primary and behavioral healthcare workforce so that the evidence on trauma can be incorporated into practice, e.g., new screening tools that are sensitive to ACE.

ABOUT THIS BRIEF

This Practice Brief was developed by the Michigan Action Learning Network. The brief was supported in part by funds from Substance Abuse and Mental Health Services Administration, Center for Mental Health Services through the Michigan Department of Community Health and developed in collaboration with the Michigan Association for Infant Mental Health. ALN meetings were co-facilitated by Sharon Hodges (Department of Child and Family Studies, University of South Florida) and Suzanne Miel-Uken (Miel-Uken Associates). For more information, contact Matt Wojack, wojack@ceicmh.org.

