Research Question(s)
There are three research questions that the proposed study aims to address, which are:

1) What levels of knowledge do medical professionals, providing prenatal and pediatric care, have of adverse childhood experiences (ACE)?
2) What is the readiness and perceived capacity of local advanced practice medical professionals to screen and intervene with ACE-informed practices within their service delivery?
3) What are local advanced practice medical professionals’ levels of comfort and confidence to integrate ACE-informed approaches within their routine practice with patients?

Background

Substantial evidence points to the association between adverse childhood experiences (ACE), later life health risk behaviors, and poor health outcomes (Larkin, Felitti, & Anda, 2014). There is a growing interest to address childhood trauma through primary healthcare settings to prevent negative long-term health consequences. Yet, recent survey results from a sample of pediatricians showed that fewer than 11% reported familiarity with the ACE Study, while 4% indicated screening patients on all 7 of the ACE types examined in the study (Kerker et al., 2015). Currently, best practices for implementing ACE-informed approaches in prenatal or pediatric healthcare settings are underdeveloped. Further research is needed to understand the challenges and needs of healthcare professionals addressing ACEs in medical practice.

One key area identified in the growing ACE literature concerns intervening with expectant and new parents who experienced their own childhood trauma (Larkin, Felitti & Anda, 2014; Stevens, 2014). For low-income mothers, greater responsiveness to their children’s needs has been linked to lower numbers of urgent care visits and increased well-child visits (Holland et al., 2012). Primary healthcare providers are thus well-positioned to take preventive action by promoting healthy caregiver-child relationships and thereby help to reduce the intergenerational transmission of ACEs.

Increasing momentum to reform healthcare and integrate behavioral health requires a comprehensive approach that accounts for the contributing roles of multiple systemic actors. The Restorative Integral Support (RIS) model offers such an approach through a flexible, holistic meta-framework for use in program design and delivery, policy advocacy, and community development (Larkin, Beckos, & Shields, 2012; Larkin & MacFarland, 2012). For a whole person/whole community approach, RIS integrates evidence-supported interventions within
intentionally developed “HEARTS” (Healthy Environments And Relationships That Support) to strengthen services and foster resilience and recovery.

The HEARTS Initiative, a multi-sector coalition of 20 nonprofit agencies, serves as an example of social service collaboration and healthcare outreach in the Capital Region of New York. The HEARTS Initiative developed as agency leaders learned about ACE research and sought to strengthen their partnerships for a comprehensive ACE response and more powerful community impact. Collaborative leadership support is emphasized within HEARTS, and attention to staff self-care is prioritized to promote the resilience of providers addressing ACEs. Agency directors work together to raise awareness of ACEs and advocate for policies supporting translation of ACE research into programs promoting resilience. The HEARTS Initiative will be presented as a case example of ACE Response that supports the whole person within the whole community.

HEARTS leaders engage staff in a process of identifying values and principles that pervade the culture and inform programming as well as clarifying how best practices offered within programs address ACEs or their later life consequences (Larkin, Beckos, & Shields, 2012). Care is transformed by empowering all providers within each agency to connect their own programs and interventions to background ACE characteristics while strengthening social networks within and across agencies for a coherent, comprehensive response. In this way, the HEARTS Initiative connects evidence-supported interventions and emerging practices to client characteristics and combines them within a culture of recovery that mobilizes resilience through social supports. Leadership and policies that design recovery-oriented systems are key to developing a healthy culture that includes self-care for the staff who provide role modeling and relationship-building with clients (Esaki & Larkin, 2013). HEARTS agency leaders work together to raise community awareness, evaluate programming, and engage in policy advocacy. The HEARTS Initiative:

- Raises awareness of ACE backgrounds of those served and includes policy advocacy
- Promotes leadership development, self-care, and cohesive programming within agencies
- Focuses on strengthening social networks to mobilize resilience
- Brings together a variety of evidence-supported interventions with practice wisdom in the local context
- Develops restorative cultures and recovery-oriented systems of care

Programs often provide services designed for individuals and families. HEARTS bring awareness to the idea of simultaneously attending to the whole community for a more powerful impact on population health. HEARTS emphasize leadership and include resources to promote the self-care of helping professionals.

HEARTS can include any of the following:

- Restorative cultures / healthy social networks
- Therapeutic milieu / therapeutic community
- Culture of Recovery / recovery-oriented systems of care
- Organizational climate
- The Sanctuary Model
- Attachment, Self-Regulation, & Competency (ARC) Model
The Pediatric Trauma-informed Research and Care Collaborative (PTIRCC) – a multidisciplinary team of professionals working to integrate and evaluate trauma-informed approaches in medical settings in the Austin, Texas area -- proposed to carry out a needs assessment of healthcare workers providing care for children and their families in Austin. The needs assessment is designed to evaluate providers’ comfort and competence in administering ACE-informed practice specifically in the medical setting. In so doing, we aim to spur local progress in developing ACE-informed healthcare and identify medical settings poised to serve as intervention sites in future projects.

**Methods and Analysis**

The proposed needs assessment will be a mixed methods approach with two phases. In the first phase, we will recruit advanced practice medical professionals for two semi-structured focus groups. One focus group will include those providing prenatal care in our community and the other will include those providing pediatric care in our community. In the second phase, we will disseminate a web-survey, to advanced practice medical professionals providing prenatal and pediatric care. While the needs assessment will be in progress, we will describe our data analysis plan in the presentation.

**Results**

The presenters will describe the dissemination and translation of existing research on ACEs, trauma and resilience and will present an Austin needs assessment on ACE-informed care that is in progress.

**Discussion**

In this presentation we will (1) provide a brief overview of the ACE Study and related research, (2) highlight the role of a range of social service, behavioral health, and healthcare agencies in an ACE Response that mobilizes resilience and recovery, (3) present the HEARTS Initiative as a case example, (4) describe how the HEARTS Initiative facilitates programs that support the whole person in the whole community, (5) present an ACE-informed pediatric healthcare needs assessment underway in Austin, and (6) engage participants in considering next steps for the Austin community.

At the end of this presentation, participants will:

- Identify ACE characteristics of those served and use ACE research as a policy advocacy and program development tool to support comprehensive, whole person responses
- Learn to create healthy social networks that mobilize resilience and recovery, bringing services together within this context
- Consider their purpose and leadership opportunities within their agency and community
- Learn about a needs assessment underway in Austin to advance ACE-informed pediatric healthcare
- Identify key elements of the RIS model for ACE-informed care
References


