Revising Current Clinic ACEs Protocols to Include 6–11-Year-Olds
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BACKGROUND
• Adverse Childhood Experiences (ACEs) are traumatic events that occur in childhood that increase the risk of developing diseases later in life.¹
• Northeast Valley Health Corporation (NEVHC) seeks to expand their ACEs screen to include 6–11-year-old children to identify risks early and connect moderate- to high-risk children and their families to resources early that may reduce these children’s risk of developing associated diseases later in life.

OBJECTIVES
• Identify age-appropriate pediatric resiliency screening questions which may be added to current ACE screenings.
• Create a grid explaining various resiliency and positive childhood experience (PCE) screens and validity.
• Identify resources for expanding ACE screenings to 6–11-year-old patients, and to determine which behavioral resources are available by health insurance plan.
• Revise NEVHC’s current circle chart for addressing children 0–5 years with ACEs to include children 6-11.

METHODOLOGY
• Reviewed the literature regarding ACEs, PCEs, the Health Outcomes from Positive Experiences (HOPE) framework for resiliency building and the We are Resilient model for building resilience.
• Developed a pending list of screening questions for resiliency by age and validity.
• Reviewed the current NEVHC algorithm and training for ACE screening for 0–5-year-old patients and extended the algorithm to include 6–11-year-olds.
• Revised current circle chart to include 6–11-year-olds.

RESULTS

CONCLUSION
• Using the ACEs screen and algorithm to determine risk, age-appropriate activities and resources corresponding to circle chart topics are suggested to parents and children accordingly.
• Four resilience tools were recommended to the providers and is pending confirmation based on length and readability for children ages 6-11.

RECOMMENDATIONS
• Update Risk Assessment and Treatment algorithm for age-appropriate interventions; resources, resiliency screening, referral protocols, enrollment in support programs, school health letter from provider.
• Determine which circle chart activities patients are most inclined to pursue and the corresponding efficacy.
• Further research for a shorter validated screen in children ages 6-11 would be ideal for a quick determination of a child’s resilience to ACEs.

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