Applying the ACE Study to Homeless Populations: A Brief Interprofessional Training Workshop

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Outline of Proposed Training

- Origins of ACE Study
- Description of ACE Study
- Outcomes of ACE Study
- Applying knowledge of ACE study when working with individuals experiencing homelessness
- Case Study: how can you apply what you have learned?
- Summary and Future Directions

Origins of the ACE Study

- Early research demonstrated that risk factors (smoking, drinking, etc.) for many chronic diseases were not randomly distributed.
- Risk factors tended to cluster, meaning that a person exhibiting one risk factor usually had other risk factors as well.

ACE Study asked:
- "If risk factors for disease, disability, and early mortality are not randomly distributed, what influences the adoption or development of them?"

Felitti, Anda, and colleagues (1998) teamed together to develop a large-scale epidemiologic study of the influence of adverse childhood events.

- The ACE Study: a cross-sectional study was designed to evaluate the hypothesis that adverse childhood events (ACEs) in those experiencing homelessness:

  - Higher prevalence rates among homeless adults
  - Experiences and homelessness partially mediated the relationship of adverse childhood events to many of the leading causes of death in adults
  - Elevated ACE scores in homeless individuals who are seeking social services and/or mental health treatment, you can provide validation, address underlying concerns, and thus IMPROVE THEIR CARE
  - We need more research on:
    - ACE scores in other vulnerable groups
    - Outcomes of ACE-informed care and treatment
    - Perceived helpfulness of ACE-informed services

Case Study

B.L. is a 48 year old female that presented to the ER alert and oriented about 6 weeks ago. The ER team found her in altered mental status and informed ER team that she has Type II diabetes. She was a hypoglycemic episode, the team responded with an injection of glucagon to restore consciousness. Based on an assessment, the doctor provides a list of medications and reminds her of proper diabetic control, including her regimen for her insulin therapy. She is a 29 year old nurse, who ascended that the patient understood her regimen. B.L. picked up her medications at the pharmacy and was sent to social services, where her case-worker determined that she was kicked out of her public housing for the second time due to drunk and disorderly conduct and presents her with similar options.

ACE categories in general sample

- Emotional Abuse
- Physical Abuse
- Sexual Abuse
- Emotional Neglect
- Physical Neglect
- Mother Treated Violently
- Mental Illness in Household
- Substance Use in Household
- Parental Separation/Divorce
- Household Member Impaired

ACE Score Distribution

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<th>ACE Score Percent (%)</th>
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(Larkin & Park, 2012)

Table 1: Higher ACE scores associated with

- Sexual and reproductive health concerns:
- Early age at first intercourse
- Sexual dissatisfaction
- Teen pregnancy
- Unintended pregnancy
- Teen parenthood
- Fetal death

- General health and social problems:
- High perceived stress
- Headaches
- Increased job performance
- Relationship problems
- Marriage to an alcoholic
- Risk of perpetrating or being a victim of domestic abuse
- Premature mortality for family members

Table 2: Summary and Future

- Child maltreatment and related adverse experiences have broad implications for psychological and physical development, particularly with respect to individuals who are experiencing homelessness
- Because the ACE study was designed to provide a public health perspective on the prevalence of ACEs and the relationship to later life consequences, the data from the initial study and subsequent studies is relevant and influential across professions (Larkin et al., 2012)

- By recognizing the high prevalence of elevated ACE scores in homeless individuals who are seeking social services and/or mental health treatment, you can provide validation, address underlying concerns, and thus IMPROVE THEIR CARE
- We need more research on:
  - ACE scores in other vulnerable groups
  - Outcomes of ACE-informed care and treatment
  - Perceived helpfulness of ACE-informed services

References


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