



Abstract Title: Measuring adverse childhood experiences and resilience in primary health care

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Introduction

This oral presentation will present pioneering results from a research project funded by the Nova Scotia Health Research Foundation that was piloted among adult patients who attend the Lunenburg Family Health Clinic and completed a survey that measured adverse childhood experiences (ACEs), current health challenges and factors promoting resilience. Findings will include discussion regarding an initial focus group that helped contextualize the survey tool to Lunenburg County and survey results.

Objectives

We will develop, analyze and demonstrate tools to assist primary healthcare services to: a) measure the prevalence of ACEs among patients B) define the impact of ACEs on health and c) develop strategies that support the expansion of resiliencies that protect against their consequences across the lifespan.

Methods

This mixed methods study paired the Adult Childhood Experiences questionnaire with a Adult Resilience Measure to collect preliminary data among three hundred primary health care patients to demonstrate feasibility and generalizability of our approach and its relevance to program and policy development. This integrative approach measured the cumulative or 'dose-response' relationship between ACEs and consequent health impacts and identified protective factors. Descriptive analysis for all exposure and outcome variables was performed on quantitative data using frequencies and proportions for categorical variables.

Results

We are the second province, following Alberta to implement a study in primary care that explores relationships between childhood adversity, later adult health consequences and factors that may mitigate these and thereby contribute to resilience. We will share results from the ACE questionnaire measure that include emotional, physical, and sexual abuse; emotional and physical neglect and five types of household dysfunction and a range of negative health outcomes. Results from our bivariate analysis identified adults with high ACEs and low resilience and poor health outcomes highlighting the need for targeted interventions to assist this population. Results exploring the role protective factors may play in mitigating the effects of ACEs will be shared.

Conclusion

Knowledge generated by this study will be applicable to future treatment approaches in multi-disciplinary and collaborative care settings. The survey tool has great value to inform care decisions among multiple health care professions that include social work, nursing, psychologists, recreation therapists, physicians, physiotherapists and occupational therapists. Implementing the Adverse Childhood Experiences questionnaire and the Adult Resilience Measure as a standard of care within primary health may help reduce the personal and economic impact of disease burden, costs to the health care system and society.

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