

Purpose

Adverse Childhood Experiences (ACEs) are typically assessed as a retrospective report of the adult's childhood and are predictive of poor health in adulthood.

ACE assessment includes childhood maltreatment, household dysfunction, and parental factors. We have studies that link a preschool ACE screener with poor childhood development. Assessing ACEs in preschool allows providers, childcare professionals, and other early childhood professionals to support families to protect children. This study examined the **The Family Map Inventories** (FMI) as a preschool assessment.

The Family Map – A Measure of Adverse Childhood Experiences

The FMI engage providers and families in goal directed partnerships. The FMI are structured interviews used to identify environmental risks and protective factors. The FMI is accepted by parents and endorsed by educators and used in many early childcare programs.

Example Item from Family Map

Thinking about food and nutrition, how often are the following never, sometimes, or often true? In the **past year**:

- B1. The food that you bought just didn't last and you didn't have money to get more.
- B2. You or others in your household cut the size of your meals or skipped meals because there wasn't enough money for food.

Use Response Card		
Never True	Sometimes True	Often True
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

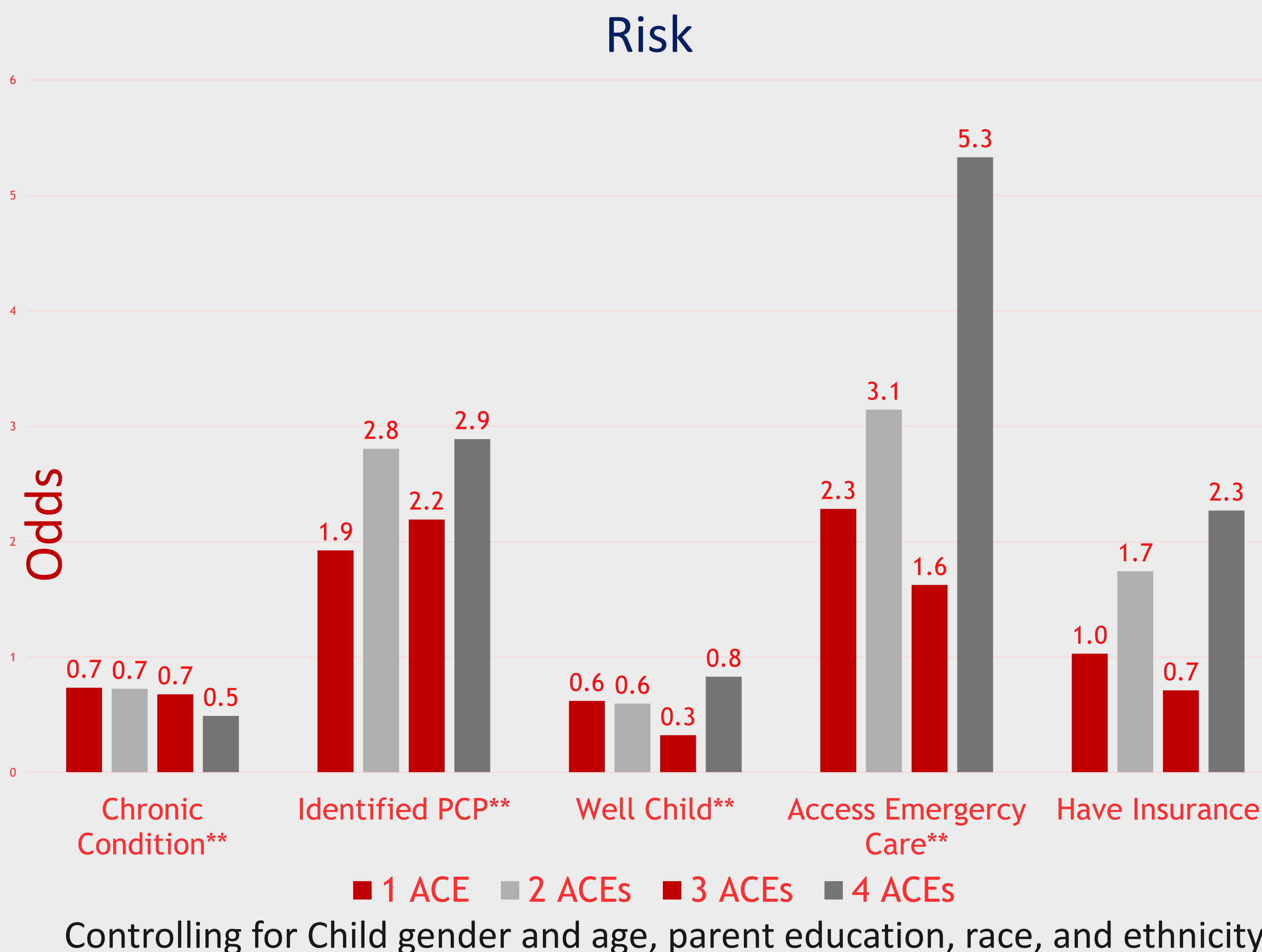
If **any** response in shaded area: Consider **Food Assistance** as a Goal.

Imbedded in the FMIs is a system to compute an ACE score (FMI-ACE). The FMIs are recorded and scored using a web-based interactive portal that allow easy access to individual and group summary. ACE scores were computed as described by McKelvey et al.* The FMI assessment included child chronic health, access to medical care, and health care utilization.

*McKelvey LM, Whiteside-Mansell L, Conners-Burrow NA, Swindle T, Fitzgerald S. Assessing adverse experiences from infancy through early childhood in home visiting programs. Child Abuse Negl. 2016;51. doi:10.1016/j.chiabu.2015.09.008.

Results – More ACEs -> Less Quality Health Care

Increased Preschool Adverse Childhood Experiences Associated with Increased Health Risk



Methods

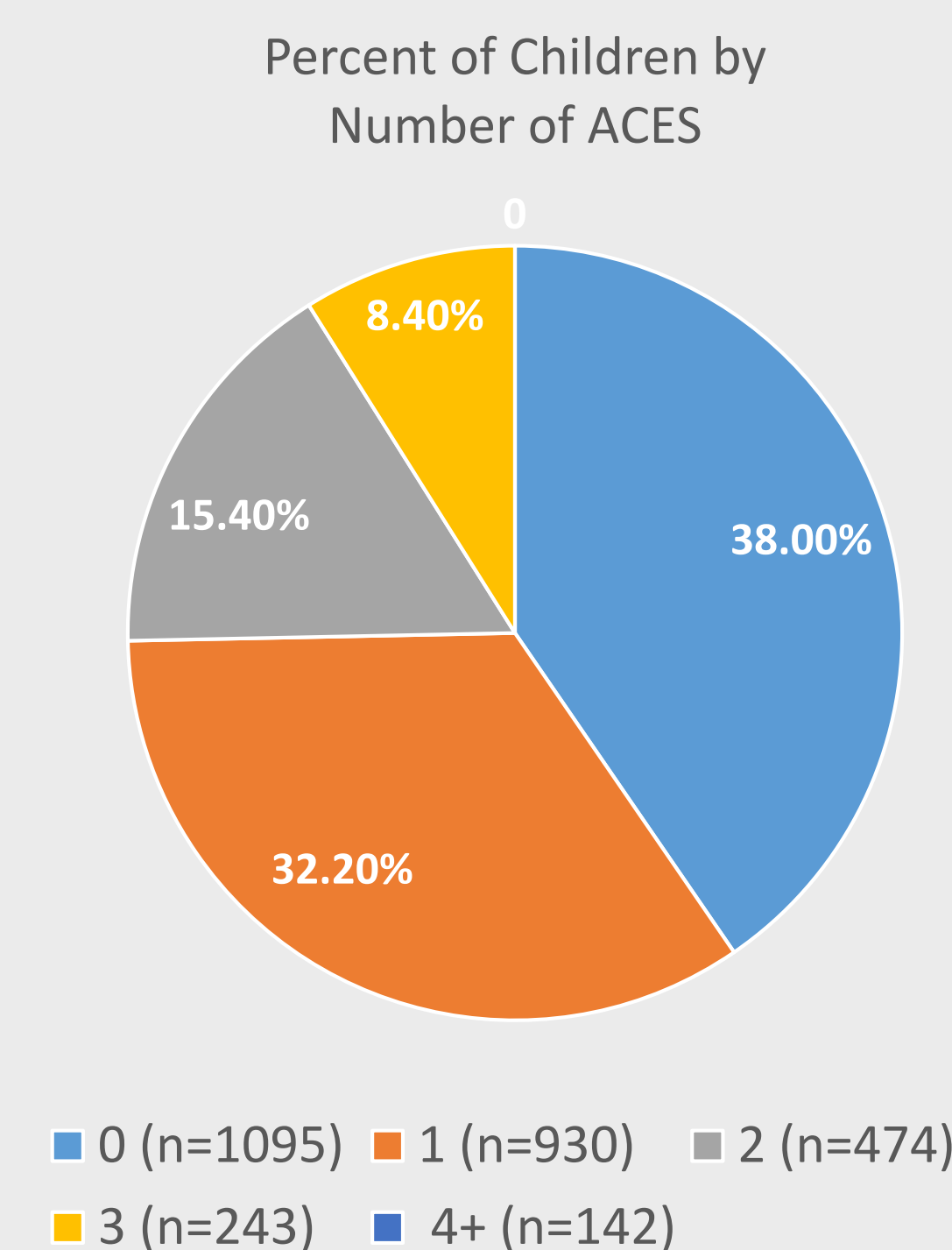
This study included FMI data from parents of children (N=2,885) attending a one of 17 center-based preschool programs targeting low-income children in seven states.* Parents interviewed were most often the biological mother (91.7%, step/adoptive parent 2.9%, other family 4.7% or foster parent 1.5%). Parents were 31.5 years-of-age (SD=8.5). Children were 47.5 months (SD=10.4) and 49.2% male. Both parents were in 50.0% of homes.

*AR, KY, Ok, AZ, MS, CO, MI

Results – ACEs Common and Findings Similar to Other Studies

Children were exposed to one (32.2%), two (15.4%), three (8.4%) or four or more ACEs (4.9%).

Children's risk for a chronic health condition increased as ACEs increased (p<.001). Children with ACEs were less likely to receive primary care/well-child visits than children with no ACEs (p<.001), despite non-significant differences in access to health insurance. ACEs were also associated with greater emergency medical treatment (p<.001). ACEs predicted the child having a chronic health condition (p<.001).



Conclusion

Asking parents responsible for the home environment to report on trauma and risky home environments is problematic. As an alternative, the FMI is family-friendly tool being used by many early childcare providers.

This study supports the generalizability of the FMI as an ACE screen in multiple contexts. In this study, children with high FMI-ACEs had increased risk of chronic health conditions but fewer medical care visits.

This finding suggests collaboration between community programs and pediatric and clinical staff could lead to family friendly screens of children with high risk medical needs.

COI & Citations

Citation

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