

Beyond Medicine: Reach Out and Read + Adverse Childhood Experiences



CAROLINAS

ADVERSE CHILDHOOD EXPERIENCES (ACEs)

The effects of what happens during the first few years sets the stage for the rest of a child's life.

Adverse Childhood Experiences (ACEs) are categorized into three groups: abuse, neglect, and family/household challenges. Each category can be further divided into multiple subcategories. Stressful or traumatic events in childhood, including witnessing domestic violence; living with household members with substance abuse, mental illness, suicidality, or past imprisonment can have lasting effects on future health and well-being. An ACE score is used to assess cumulative childhood stress. Adults who have experienced ACEs in their early years can exhibit reduced parenting capacity or maladaptive responses to their children.

The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study is one of the largest investigations of childhood abuse and neglect and later-life health and well-being. The original ACE Study was conducted at Kaiser Permanente from 1995 to 1997. Over 17,000 participants from Southern California completed confidential surveys regarding their childhood experiences and current health status and behaviors. Study findings repeatedly reveal that as the number of ACEs increases so does the risk for negative health and well-being outcomes across the life course.

WHAT IS THE ROLE OF THE MEDICAL PROVIDER?

Primary care providers are a critical gateway to address deeper, systemic issues in their communities, and given the frequency of contact with their patients and families and the impact that ACEs can have on children's health, the medical home is an ideal point of access for identifying, managing, and mitigating the effects of adverse experiences in early childhood. Providers use universal primary prevention strategies, like Reach Out and Read, to provide surveillance and early intervention for environmental stressors, and promote parenting and social-emotional skills. Providers also collaborate with and advocate for services that support parents.

Primary care practices can incorporate ACE screening during well-child visits so providers have a more complete picture of important social determinants of health. Providers who assess a child's exposure to ACEs can refer a family to community resources as appropriate, which helps to mitigate the effects of a high ACE score – increased likelihood that the child will grow up to suffer from heart disease, cancer, autoimmune diseases, depression, suicide, and/or a multitude of other problems.

HOW REACH OUT AND READ HELPS

Reach Out and Read is a well-researched, clinic-based approach to forging intentional skill-building, resilience, and positive behavior change between children and families. We know shared reading can help develop strong parent-child bonds that last a lifetime, potentially mitigating ACEs. Literacy is a critical skill and early childhood is the critical stage for equipping children for a lifetime of success.

Nurturing experiences with a loving parent or caregiver in the early years help children's social-emotional development—an aspect of brain development that helps children learn, form stable relationships, manage their feelings, and build resilience. We know the more loving support a child receives from their parent or caregiver, the better developed their social-emotional skills, even in challenging, high-stress environments. One of the best ways to engage with young children is through looking at books together. Even the youngest baby loves to be held close and hear the voice of Mom or Dad as they read a book aloud.

RECOMMENDED VIDEO: [Dr. Nadine Burke's TED talk](#)

To learn more about the value of Reach Out and Read in Pediatric Primary Care, please visit www.rorcarolinas.org.

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