

CHARTIS TOP READS

New research correlates adverse childhood experiences with higher healthcare utilization and costs in adulthood

Week of September 1 - September 7, 2024

| SEP 06, 2024

<https://www.chartis.com/insights/new-research-correlates-adverse-childhood-experiences-higher-healthcare-utilization-and>

The Buzz This Week

A new study is the first nationally representative analysis of adverse childhood experiences (ACEs) and their impact on healthcare utilization and expenditure rates. Published in Health Affairs, the study suggests that ACEs can lead to both increased utilization of healthcare services in adulthood and higher associated costs.

Previous studies have examined the influence of ACEs on health. ACEs are defined as potentially traumatic events occurring in childhood (ages 0-17), such as violence, abuse, and neglect. These studies found that ACEs may be “strong predictors of [negative] socioeconomic status, risky health behaviors, chronic health conditions, and adverse outcomes.” The studies pointed to higher rates of stress and chronic stress responses. However, the studies did not include recorded or tracked healthcare utilization data. Instead, they used statistical model extrapolations to estimate the impact of ACEs on demand for healthcare services later in life.

In addition, the research was based on select geographic patient cohorts, and analyses of healthcare expenditures were limited to out-of-pocket costs. This limited the ability to identify broad, comprehensive insights on the impact of ACEs.

The new study in Health Affairs used data from the 2021 Medical Expenditure Panel Survey Household Component (MEPS-HC). Results show that people with ACEs have a disproportionately high use of healthcare services later in life compared to demographically similar adults. They have 25%+ more in related expenditures, supporting findings from the more limited earlier research.

Why It Matters

The analysis of MEPS data offers a broader and more comprehensive look at the impact of ACEs, not only on future health and socioeconomic status but also on the demand for and use of healthcare services. The findings can inform the type and breadth of services healthcare providers offer to meet the needs of surrounding communities, taking the impact of ACEs into consideration. Providers should also recognize that children in any family or community can experience ACEs, which are not limited in terms of demographics or socioeconomic conditions. All healthcare providers have the potential to make a positive impact.

Some of the most promising interventions include earlier screening for and identification of ACEs, which could come from healthcare providers as well as other appropriately trained adults involved in children's lives—including teachers, social workers, juvenile criminal justice workers, and pastors. A 2012 study noted that the average age when people provide information about ACEs is well into their 50s—with decades of lost opportunity to make a positive impact on their lives lost in between.

Child and Family Training (C&FT), a not-for-profit skill development and training organization, developed the Hope for Children and Families (HfCF) approach, which includes a seven-stage model of assessment, analysis, planning, and interventions. The model includes working collaboratively with a child after performing a thorough assessment, helping them build coping and resilience techniques to help manage feelings, thoughts, and behaviors that can lead to harmful outcomes. The promotion of positive parenting is also referenced as an important aspect, specifically to reduce or prevent further traumatic experiences and build a more positive environment for the child and family.

In addition, healthcare providers can make a difference if trained using evidence-based assessment and intervention models such as the HfCF approach. A Johns Hopkins study found that “children and families who received quality healthcare from a doctor who knows, listens to, and ensures children’s whole healthcare needs are met and coordinated did better than those who did not.... Children can be taught to recognize and reduce the biologic, emotional, and psychological impact of traumatic stress, bounce back when faced with a challenge, and to develop a habit of hope instead of despair.” Healthcare providers can also lead in partnering and educating others in the community (such as teachers and social workers), broadening their impact on communities and reducing the negative outcomes for those experiencing ACEs and minimizing the resulting complex healthcare needs later in life.

RELATED LINKS

Health Affairs:

Child Health Data:

Johns Hopkins Bloomberg School of Public Health:

Child and Family Training:

Editorial advisor: Roger Ray, MD, Chief Physician Executive.

Chartis Top Reads

[View All](#)

Our services

[STRATEGIC TRANSFORMATION](#)

[PERFORMANCE TRANSFORMATION](#)

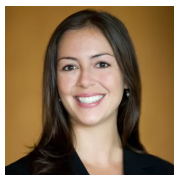
[DIGITAL & TECHNOLOGY TRANSFORMATION](#)

[CHARTIS CENTERS FOR AI & STRATEGIC INTELLIGENCE](#)

[PAYER TRANSFORMATION](#)

[STRATEGIC COMMUNICATIONS & CHANGE MANAGEMENT](#)

LEARN MORE ABOUT THE AUTHOR



Alexandra Schumm

Partner and Vice President of Research