Addressing Adverse Childhood Experiences Through the Affordable Care Act: Promising Advances and Missed Opportunities

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ABSTRACT

Adverse childhood experiences (ACEs) occur when children are exposed to trauma and/or toxic stress and may have a lifelong effect. Studies have shown that ACEs are linked with poor adult health outcomes and could eventually raise already high health care costs. National policy interest in ACEs has recently increased, as many key players are engaged in community-, state-, and hospital-based efforts to reduce factors that contribute to childhood trauma and/or toxic stress in children. The Affordable Care Act (ACA) has provided a promising foundation for advancing the prevention, diagnosis, and management of ACEs and their consequences. Although the ACA's future is unclear and it does not adequately address the needs of the pediatric population, many of the changes it spurred will continue regardless of legislative action (or inaction), and it therefore remains an important component of our health care system and national strategy to reduce ACEs. We review ways in which some of the current health care policy initiatives launched as part of the implementation of the ACA could accelerate progress in addressing ACEs by fully engaging and aligning various health care stakeholders while recognizing limitations in the law that may cause challenges in our attempts to improve child health and well-being. Specifically, we discuss coverage expansion, investments in the health workforce, a family-centered care approach, increased access to care, emphasis on preventive services, new population models, and improved provider payment models.

KEYWORDS: adverse childhood experiences; Affordable Care Act; childhood adversity; health reform; resilience

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ADVERSE CHILDHOOD EXPERIENCES (ACES) refer to traumatic experiences that result in the activation of unrelenting toxic stress. ACEs have been linked to lifelong consequences and implications for adult health, health care, and costs.[1–4]

Approximately 35 million children in the United States have experienced one or more types of childhood trauma, representing almost half (47.9%) of US children.[5] While some forms of ACEs are well recognized (eg, child abuse, neglect, or witnessing intimate partner violence), household dysfunction (divorce, parental substance abuse), and stressful experiences endemic to families living in poverty (food shortages, housing insecurity, worry about neighborhood safety) have also been shown to have significant impact on children.[6] Moreover, because the sources of stress are abundant in the environments of poor and at-risk parents and children, poverty itself can lead to conditions that increase stress on all family members.[7] Further, the effects of these adverse events are cumulative: the greater number a child is exposed to, the more likely and profound the impact.[4]

Since the Centers for Disease Control's landmark ACEs study over 20 years ago,[6] evidence has continued to mount on the many ways that ACEs are linked to chronic diseases and poor adult health outcomes, as well as overall cost of care.[8] However, studies have also shown that interventions, especially if implemented early in childhood, can prevent or mitigate the effects of adverse experiences on a child's life and can improve their health and well-being, including physical, emotional, and psychological health.[1,3]

The Affordable Care Act (ACA) is a landmark effort to overhaul and reform the US health care system. Many policy and programs initiatives launched over the last 5 years as part of the implementation of the ACA provide the opportunity for health systems and providers to engage and collaborate to address ACEs in new ways. At the time of

publication, the national policy conversation is centered on whether, how, and when the ACA would be repealed, replaced, or repaired. Nevertheless, the ACA is still playing a key role in transforming the US health system, and here we highlight several features of the ACA that are relevant to mounting a comprehensive approach to ACEs. These include coverage expansion, investments in the health workforce, a family-centered care approach, increased access to care, emphasis on preventive services, new population models, and improved provider payment models. If appropriately leveraged, ACA-initiated reforms can help mitigate the impact of ACEs on children's health and well-being.

Role of Health Care System in Addressing Social Determinants

Social determinants of health recognize that an individual's health is deeply influenced by his or her social and physical environments.[9] As the number of uninsured children continues to decline[10] and children's access to care improves, the health care system has an opportunity to reach more children and improve their well-being by working with other sectors to address the social determinants of health. Having health care systems engage in the more upstream determinants of health outcomes for children is not a new concept.[11]

One of the oldest examples of the critical role that health care providers can play in identifying and addressing social issues dates back to Henry Kempe and the description of "battered child syndrome" in 1962.[12] More recently, there are an increasing number of examples of providers and the health care system successfully addressing the educational, legal, and other needs of families, usually in partnership with community or governmental agencies, including Reach Out and Read and the Medical-Legal Partnership.[13,14]

Capitalizing on Health Care Transformation to Address ACEs

While many of the ACA's provisions are directed at adults, especially high-cost adults, the general framework for reform within the ACA in addition to the dramatic changes in health care systems across the country, have benefited children's health. We focus on several provisions that should support a comprehensive strategy for addressing ACEs while considering the additional steps that are needed in health care reform for children experiencing ACEs to fully benefit from the law.

Coverage for Parents and Children

A child's well-being is closely linked to his or her parents' or caregivers' stability. Research shows that a parent's ability to act as a buffer from toxic stress greatly affects early childhood development.[15] Coverage mechanisms in the ACA have provided an opportunity for families to be covered through the same insurance plan, through the individual mandate and Medicaid expansion. Increased coverage has also promoted the use of appropriate health care and evidence-based preventive services by decreasing out-of-pocket costs and providing clearer information about health care choices. In addition, increased coverage has been coupled with new community-based approaches such as health care navigators and an emphasis on patient- and family-centered care.[16] Coverage reforms through the ACA can increase the likelihood that children will receive care, allowing health care providers to prevent and mitigate the impact of ACEs early to ensure children are resilient to its effects across the life span. Additionally, it provides the opportunity for parents to receive the health and social services they may need to address their own ACEs and provide children a more positive environment. Finally, increasing (or retaining existing expansions of) coverage, decreasing out-of-pocket expenses, and improving access help free up critical resources for families—resources that can be used for employment, financial planning, child care, school readiness, and safety, thus allowing even low-income families to provide a more nurturing environment for children, mitigating some of the toxic effects of poverty and community disinvestment.[17]

The major coverage reforms include the individual mandate and the new Medicaid eligibility at 133% of the federal poverty level.[18] The data indicate that 64% of children in Medicaid have experienced one or more ACEs, and 75% of all children with emotional, mental, and developmental problems have ACEs.[19] Since March 2016, 32 states have expanded their Medicaid programs.[20] Other ACA changes that are expected to increase health insurance coverage among children include tax credits for plans available in the health insurance exchanges (marketplaces), health insurance market reforms, and coverage of basic preventive services.[21,22] Studies, including multiple surveys, have begun to document the impact of the ACA on coverage for children since 2013 and indicate a significant increase in health care coverage for children over the last few years.[21,23–26] Most recently, Gates et al[21] found a significant drop in uninsured children after implementation of the ACA's key coverage provisions from 7.1% in 2013 to 4.8% in 2015.

However, there remain many inconsistencies in the implementation of the ACA, which have further exacerbated the current fragmentation of parental and child coverage. As a result, there is a patchwork of insurance options available to children across Medicaid, State Health Insurance Program for Children, the insurance exchanges, and employer-based coverage. Children still may not be in the same plan as their parents, and they may even have a different network of physicians available to them.[27] This fragmentation can inhibit a health care system's ability to offer the family-oriented care important in addressing ACEs.[28]

Payment and Delivery System Models and Incentives

In addition to coverage expansions, numerous ACA provisions enhance the ability to deliver effective primary care through payment and delivery system reforms. These