



Shadi Houshyar, PhD

Senior Associate

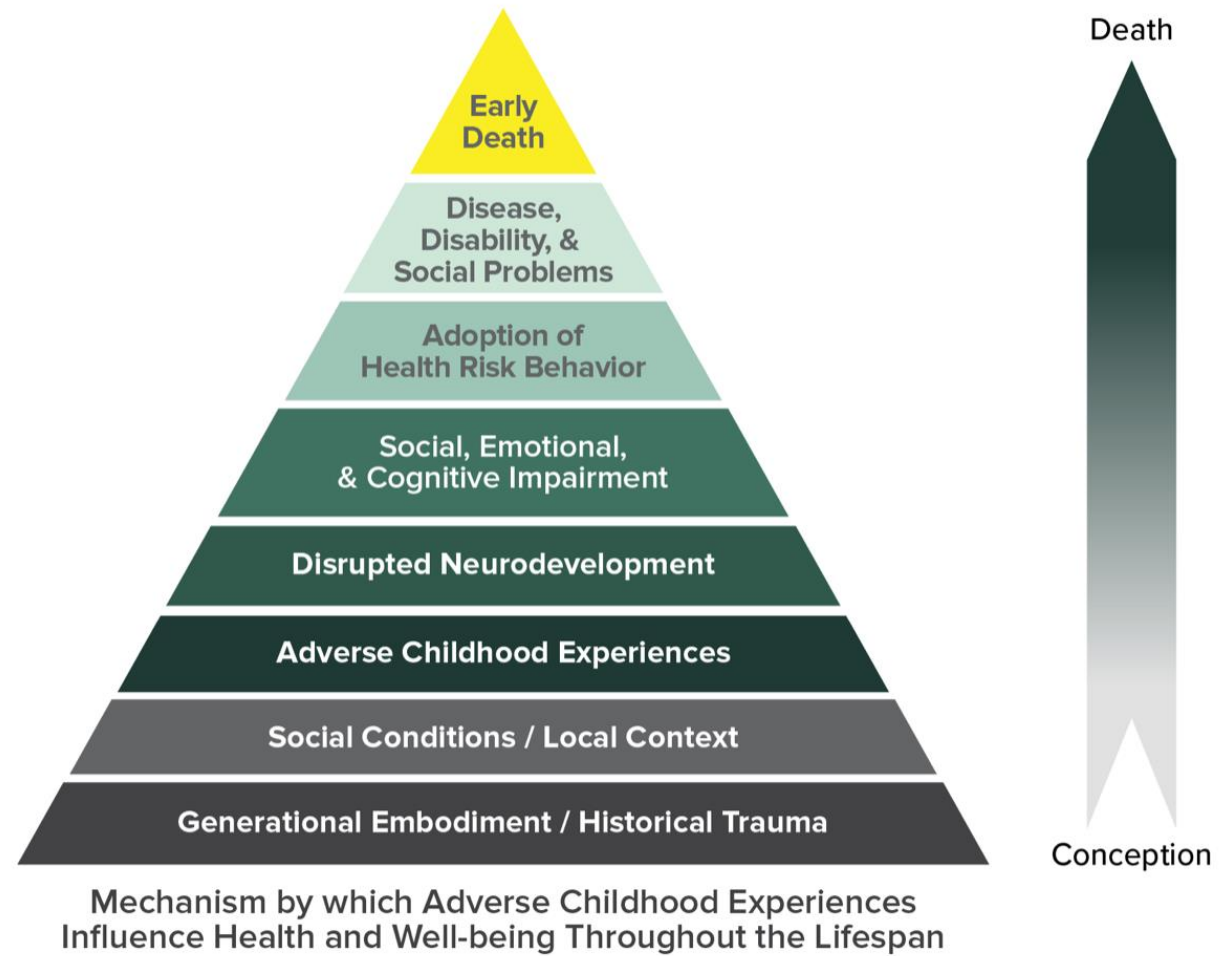
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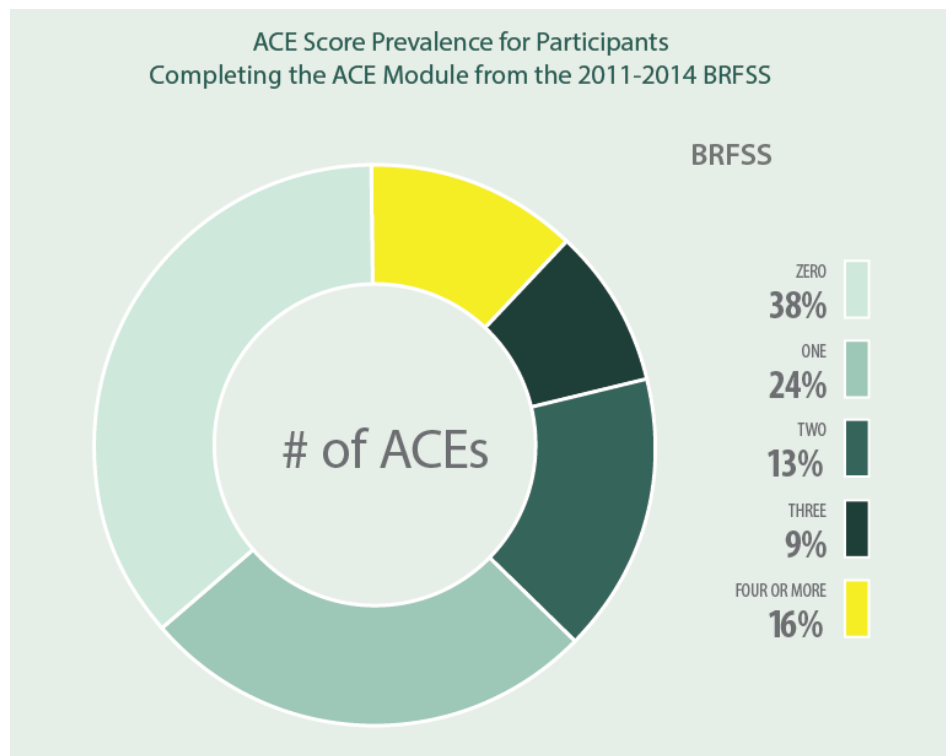
**Leveraging the Health Care System to Prevent and
Mitigate Adverse Childhood Experiences**

Adverse Childhood Experiences (ACE) Study

Largest study of its kind, designed to understand the influence of adverse childhood experiences on behaviors underlying leading causes of disability, social problems, health-related behaviors and death.



ACEs are Common & Have Graded Dose-Response Relationship With Outcomes



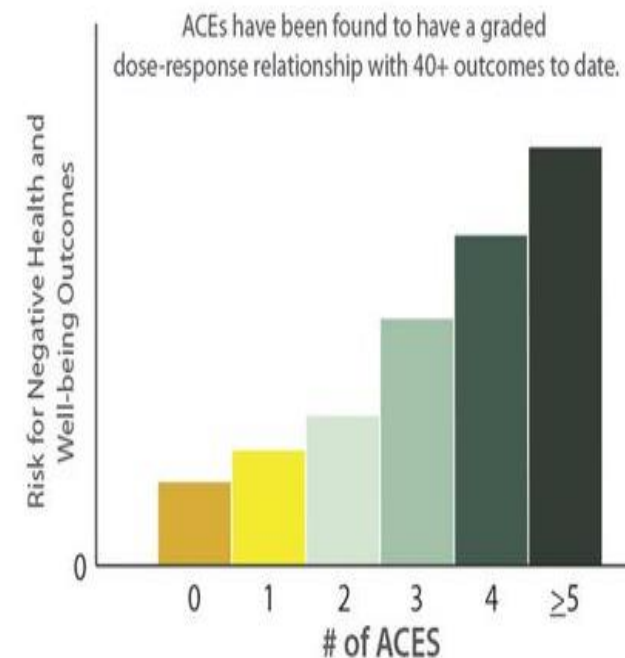
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



Life Potential (graduation rates, academic achievement, lost time from work)



*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

**Risk factors
are not
predictive factors
because of
protective factors.**

Leveraging the Health Care System to Prevent and Mitigate ACEs: The Opportunity

- Health care is well positioned to address ACEs given it is a nearly universal system
- Health care is becoming more attuned to health related social needs



Increase Access to Comprehensive Affordable Health Care for Children, Parents & Families by Strengthening and Protecting Medicaid and CHIP

- States that have not, should take up Medicaid expansion
- Extend the continuous eligibility period to five years for children under 6
- Medicaid should be extended from 60 days to a full year postpartum for mothers

Invest in and Scale Home Visiting Programs

- In 2014, 48% of families receiving home visiting through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program were living in extreme poverty
- Nationwide, 18.3 million families have a child < 6 or a child on the way who could benefit from home visiting
- Evidence-based models reach about 3%
- Scaling home visiting will require expansion of federal funding

Promote Strong Collaboration Across Agencies Serving Children and Families

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- Organize state agencies overseeing Medicaid, maternal and child health, early intervention and early care and education under a common governance structure and leadership
- Incorporate relevant agencies into one cabinet department or appoint a Children's Cabinet or Governor's Initiative focused on children's needs
- Use data-sharing agreement between Medicaid and agencies including early intervention, child welfare

Expand Financial Support for Utilizing Community Health Workers to Coordinate Care in Pediatric Health and Other Settings

- Many CHW programs report a financial return on investment ranging from \$1.50 to \$5 for every \$1
- Example: Healthy Start Program Madrina uses CHWs to deliver home visiting services and has successfully linked pregnant Latinas to perinatal health care, health education, and support services
- Pediatric interventions including HealthySteps and DULCE draw on this model to employ a HealthySteps specialist or related role in the health care setting to support families

Allow Pediatric Health Providers to Bill for Maternal Depression Screening and Cover Treatment Under Child's Medicaid Benefit

- 5 to 25% of all pregnant, postpartum, and parenting women experience some type of depression
- Low-income women experience depressive symptoms at higher rates—between 40 to 60%
- Maternal depression prevalence similar across racial and ethnic groups, but black women and Latinas are less likely to receive care
- 32 states allow maternal depression screening to be billed under the child's Medicaid; 19 states do not

Partner with Families at All Levels, Including Policy Development, Program Design, and Implementation

- Effective inclusion of voices and priorities of communities of color and other marginalized groups is a matter of equity
- Family-centered care and shared decision making also contribute to better health outcomes, improvements in quality and patient safety
- Strategies for creating space and lifting the voices of families underrepresented groups

Use Institutional Analysis to Identify and Mitigate the Health Harms of Institutional Racism

- Institutional Analysis (IA) is often used in child welfare, juvenile justice and other public intervention agencies to confront structural contributors to poor outcomes for children and families
 - Standardized institutional methods like administration requirements, job descriptions, employee training
 - Pinpoints inherent organizational policies and practices – underlying structural barriers contributing to inequities
- IA could be used to surface and mitigate structural barriers in health care

Promote Population Health by Better Connecting and Integrating Health Care and Social Supports

- Social, economic, and environmental factors influence child health
- Several models use these strategies in pediatric settings
- These models screen for risk factors, concrete supports (e.g., nutrition assistance, housing needs, utility assistance), child development and parent functioning (e.g., maternal depression, interpersonal violence), connecting families to services, supports and opportunities

Target Interventions to Young Children Ages Birth to 3 and Their Caregivers

- Early childhood is a time of rapid brain development, physical growth, and learning, and sets the foundation for later health, academic success, and social-emotional and behavioral development
- Interventions involving parents during the first few years of a child's life can dramatically improve parental sensitivity, discipline strategies, and encourage supportive, warm parenting
- Need for multigenerational approaches that combine caregiver and child health care