

## Childhood adversity linked to higher out-ofpocket health care costs in adulthood

## March 21 2019

A study has found that out-of-pocket health care spending and medical debt are substantially higher when adults have a history of adverse childhood experiences. The study showed that household medical costs were 30 percent higher, and the likelihood of medical debt was doubled, when an adult had lived through three or more adverse experiences during childhood.

Adverse childhood experiences include abuse, neglect and household dysfunction that occur before 18 years of age. The types of hardships can include divorce or separation from parents, violence in the home and parental mental illness. Such experiences in childhood are linked to higher rates of mental and physical illness in adulthood. Previous studies have shown that physical and sexual abuse were associated with higher out-of-pocket medical costs. This is the first study to look at the full range of adverse childhood experiences and their effect on later out-ofpocket health care costs, according to the researchers. For purposes of the study, out-of-pocket costs included spending on such items as coinsurance, deductibles and anything not covered by <u>medical insurance</u>.

Researchers collected data on household out-of-pocket medical costs and information about adverse childhood experiences from the University of Michigan's Panel Study of Income Dynamics, a long-running U.S. household survey. Associations between <u>adverse experiences</u> and out-of-pocket household <u>medical costs</u> were then linked using statistical analyses, controlling for other factors such as income and demographic background.



About two out of three adults will experience one or more adverse experiences during childhood. Interventions to reduce childhood adversity could lead to a reduction of the <u>costs</u> associated with it. The next stage of research will examine the total cost to the health care system.

The findings were published online in The American Journal of *Preventive Medicine*.

Provided by University of California, Los Angeles

Citation: Childhood adversity linked to higher out-of-pocket health care costs in adulthood (2019, March 21) retrieved 4 July 2024 from <u>https://medicalxpress.com/news/2019-03-childhood-adversity-linked-higher-out-of-pocket.html</u>

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