Adopted as Amended

2022-3

RESOLUTION

Subject: Solidifying Adverse Childhood Experiences and Trauma-Informed Care Networks

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Referred to: Reference Committee

WHEREAS, trauma is a physical or psychological response to a stressful event such as abuse, witnessing of violence, familial instability and incarceration, displacement, familial substance use, over policing of neighborhoods, food insecurity, or racism/discrimination [1-3]; and

WHEREAS, trauma-Informed Care (TIC) is a clinical approach that asks patients' what happened to you' instead of asking 'what is wrong with you,' and recognizes the presence of trauma symptoms in an individual's life and health [1-3]; and

WHEREAS, TIC helps address the complex combination of social, behavioral, and physical factors affecting patients' well-being [4,5]; and

WHEREAS, Adverse Childhood Experiences (ACEs) are potentially traumatic events that can have negative lasting effects on future health outcomes; encompassing physical, sexual, and emotional maltreatment and abuse as well as living in an environment that is potentially harmful to an individual's overall development [6]; and

WHEREAS, in 2017 and 2019, it was estimated that 25.8% of Kentucky youth ages 0 to 17 experienced two or more ACEs, including witnessing domestic violence, witnessing community violence, living with someone with mental illness, and racial/ethnic discrimination[7,8]; and

WHEREAS, in 2019, KY had the highest percent of child victimization in the country with 20.1%, encompassing forms of neglect, sexual, physical or emotional abuse corresponding to a positive ACEs screen[9]; and

WHEREAS, research shows that trauma, especially incurred during childhood (ie ACEs), can positively predict adverse long term health outcomes such as but not limited to lethality of chronic health conditions (chronic liver and lung disease), poor mental health (higher likelihood of depression), and high risk behaviors (sexually transmitted diseases and substance use) [8,10]; and

WHEREAS, social and structural inequities disproportionately concentrate ACEs and their consequences in racially, socially, and economically marginalized communities [10,11]; and

WHEREAS, many marginalized and minority communities face higher rates of ACEs and trauma, while healthcare institutions that have gaps in ACE and TIC screening and treatment may lead to the re-traumatization of patients and a failure to provide appropriate referrals [5,7,8,10, 12-14]; and

WHEREAS, healthcare providers have limited opportunities to receive regular training in ACEs and TIC [15]; and

WHEREAS, there is limited community-based research on TIC in marginalized populations; therefore, evidence-based interventions have limited generalizability [16,17]; and

WHEREAS, comprehensive TIC for children is financed through sources such as Medicare, Medicaid, commercial insurance, out of pocket payment, state and federal grants, private philanthropy, and military funding[18]; and

WHEREAS, there are a range of billing codes that cover ACE and TIC screenings, group sessions, evidence-based treatments, and referrals for children [18]; now, therefore, be it

RESOLVED, that KMA supports physicians collaborating with, including but not limited to, Medicare, Medicaid, private payers, nonprofit and nongovernmental entities that support survivors of physical and psychological trauma, trauma-informed care (TIC) researchers and advocates, as well as TIC educators, to further enhance desired multi-dimensional implementation of TIC in independent and academic healthcare settings; and be it further

RESOLVED, that KMA encourages patient access to resources including but not limited to Medicare, Medicaid and non-profit institutions that further support the victims and survivors of physical and psychological trauma and to further enhance a multi-dimensional care approach; and be it further

RESOLVED, that KMA provide education to physicians on the recognition of adverse childhood experiences-associated health conditions and the subsequent use of evidence-based trauma-informed care to create a patient-centered care experience; and be it further

RESOLVED, that KMA supports research into the best practice of utilizing adverse childhood experiences-screening tools in healthcare settings.

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