

Understanding connection between poverty, childhood trauma and heart disease

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Photo: mrs/Moment, Getty Images

Traumatic childhood experiences among the poor and uninsured are

associated with higher cardiovascular risk, according to new research.

Experts have long known difficult childhoods are linked with a wide range of health risks later in life, including obesity, substance abuse and [cardiovascular disease](#).

They're also alarmingly common: More than half of the U.S. population say they experienced at least one adverse experience as a child or adolescent.

A new study published Tuesday in the journal *Circulation: Cardiovascular Quality and Outcomes* looks at how [childhood](#) trauma impacts heart health among a very specific population: low-income, uninsured adults. That population had not been extensively studied before, according to Heidi Allen, the study's lead author and professor of social work at Columbia University in New York.

Researchers studied 12,229 low-income, uninsured adults who were randomly selected to apply for Medicaid through the Oregon Health Insurance Experiment. Participants were assessed for cardiovascular risks and asked about childhood experiences such as neglect, abuse and household dysfunction—a broad category that included domestic violence, mental illness, divorce and other factors.

The study found a high rate of adverse [childhood experiences](#)—48% overall, with 35% of participants saying they had at least four. Those experiences were associated with higher rates of various cardiovascular risk factors, including obesity, smoking and lower levels of physical activity.

The findings confirm past studies linking childhood trauma to cardiovascular risk, Allen said, and the results are especially important since the Affordable Care Act has expanded Medicaid eligibility to

cover more low-income Americans.

"More [low-income](#) people might be going to see a provider for the first time, which presents an opportunity for us to be thinking about these higher risks for cardiovascular disease," she said. "The findings help motivate recent efforts to adopt trauma-focused care."

While the study focused on adults, Allen said the results suggest medical providers should be more proactive with children to prevent future health problems. Those efforts need to start with making sure traumatized kids feel comfortable at the doctor's office, she said.

"Sometimes, the rooms can be cold and sterile, and providers can be hurried and abrupt. We have to rethink these little things to make sure the health care encounter is safe and nurturing for children."

Shakira Suglia chaired an American Heart Association committee that wrote a recent scientific statement about childhood adversity and cardiovascular health.

"We know childhood adversity is highly prevalent in the U.S., but what makes this study unique is that it focuses on a very large uninsured population," said Suglia, a professor of epidemiology at Emory University in Atlanta.

Suglia, who was not involved in the new study, said she would like to see longer studies on the topic that begin at childhood and explore solutions to the problem.

"Ideally, we want to prevent children from (having) these adverse experiences, but as a secondary mode, how do we intervene?" she asked. "How do we help both children and adults promote positive physical and mental [health](#) outcomes in the face of these adversities?"

Allen wants to see future studies expand the meaning of "adverse childhood experience" to help get a better idea of how prevalent it is—and how to prevent it.

"Right now, we look at individual household experiences, but I'd like to see more assessments of community trauma, like exposure to poverty and racism."

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