

769 - Parental Childhood Adversity and Pediatric Emergency Department Utilization: A Pilot Study

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Presenter(s)



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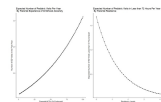
Background: Adverse Childhood Experiences (ACEs) including physical and emotional abuse or neglect, sexual abuse, and/or exposure to household instability have been associated with adult emergency department (ED) utilization, but the impact of parental ACEs in pediatric ED (PED) utilization has not been studied.

Objective: The primary aim was to determine if parental ACEs impact 1) frequency of PED utilization, 2) acuity PED visits, and 3) 72-hour PED return rates. The secondary aim was to determine if resilience and social determinants of health (SDH) interact with the impact of parental ACEs on PED utilization.

Design/Methods: This was a cross-sectional survey study utilizing previously validated components of the Philadelphia ACEs questionnaire, Brief Resiliency Scale, and questions regarding hunger, household stressors, and parental depression. [RW1] Surveys were administered via iPad by research assistants (RAs) in our institution's PEDs utilizing a randomization protocol where two of every three eligible families were approached for enrollment.[RW2] Survey responses were linked to data abstracted from the electronic health record. Descriptive statistics were used to characterize our study population. Pearson's correlation and a negative binomial model were used to identify correlation between ACEs, SDHs, and ED utilization measures.

Results: Parental ACEs were positively associated with frequency of PED visits (Incidence Rate Ratio [IRR] = 1.013, 95% CI 1.001-1.024). [RW1] In addition, high levels of parental resilience attenuated the association between parental ACEs and the number of severe acuity visits, and was associated with fewer 72 hour PED return visits.

Conclusion(s): Parental ACEs appear to be positively associated with frequency of PED utilization, and inversely associated with higher acuity PED visits and parental resiliency.



Predicted values from the main effects-only model showing parental ACEs impact on number of PED visits and parental resiliency impact on 72 hour return rates.

Predictors of Child/ED Pains				
Predictors	Main Effects Only Model		Sensitivity Model	
	Beta	95% CI	Beta	95% CI
Intercept	0.526	0.306, 0.686	0.432	0.475, 0.267
Age	0.009	0.011, 0.007	0.007	0.004, 0.005
Male	0.825	0.676, 0.960	0.029	0.004, 0.066
Minority	2.246	1.475, 3.430	0.247	0.178, 0.346
Chronic Health Conditions	3.580	2.357, 5.460	3.603	2.264, 5.575
Depressive Symptoms	0.389	0.254, 0.520	0.006	0.000, 0.119
Social Support	0.001	0.003, 0.001	0.000	0.000, 0.001
ACEs	1.813	0.893, 3.024	1.087	0.693, 1.681
Parental Resilience	0.939	0.736, 1.263	0.007	0.015, 0.003
ACEs x Resilience			0.000	0.000, 0.008

ACEs = cumulative life events; 95% CI = 95% confidence interval.