Is the Affordable Care Act Medicaid expansion associated with reduced childhood maltreatment rates?

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Background

- Health coverage is not designed to exert impacts on childhood maltreatment (CM)

- Health coverage linked to a reduction in robust risk factors for CM

- A paucity of studies investigated the impact of health coverage on CM prevention
Background

• Affordable Care Act expanded Medicaid eligibility to low-income adults up to 138% of the federal poverty level

• 2012 Supreme Court decision allowed states to decide whether or not to expand Medicaid

• Medicaid expansion linked to reduced substance use disorder, improved credit scores, reduced payday borrowing, and decreased eviction

Source: Kaiser Family Foundation
Conceptual Model

Health Insurance Expansions

- Increased insurance coverage among low income and vulnerable populations: parents, mothers, children
- Increased access to medication and services for mental health and substance use disorder
- Reduced out-of-pocket expenses and medical debt

Improved mental health

Reduced substance use disorder

Improved financial stability

Reduced rates of child neglect

Reduced rates of child physical abuse

Reduced rates of child sexual abuse
Study Aim

To examine whether expanding health insurance coverage for low-income adults is associated with reduced CM reports.
Method

- **Study Data:** National Child Abuse and Neglect Data Systems (NCANDS)

- **Study period:** Jan 2008 – Dec 2018
  - 6 yrs of pre-Medicaid expansion data (2008-2013)
  - 5 yrs of post-expansion data (2014-2018)

- **Study Outcomes:** Rate of screened-in reports per 100,000 children ages 0-5, 6-12, and 13-17
  - child neglect (>20,000,000 reports in the sample)
  - child physical abuse (>7,800,000 reports in the sample)
  - child sexual abuse (>2,500,000 reports in the sample)
Method

• **Study Groups:**
  - Intervention: 20 Medicaid Expansion states
  - Comparison: 18 Non-Expansion States

• **Study Approach:** Extension of difference-in-differences approach that accounts for staggered policy implementation across time (developed by Callaway and Sant’Anna)

• **Study Covariates:**
  - Annual percent of each state’s population
    - who identified as Black
    - lived below the federal poverty line
    - who did not graduate from high school
  - Time-varying state-year rates of drug overdose death (age-adjusted)
## Results: Descriptive characteristics

Table 1. Descriptive characteristics of the study sample prior to roll-out of the Affordable Care Act Medicaid expansion to low-income adults, 2008-2013.

<table>
<thead>
<tr>
<th>State demographics, % of state pop.</th>
<th>States that expanded Medicaid in 2014 (N=20)</th>
<th>States that did not expand Medicaid during the study period (N=18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>11.7</td>
<td>17.6*</td>
</tr>
<tr>
<td>Below federal poverty level</td>
<td>14.1</td>
<td>15.4*</td>
</tr>
<tr>
<td>Did not graduate high school</td>
<td>7.2</td>
<td>8.1*</td>
</tr>
<tr>
<td>Mean drug overdose rate per 100,000 pop.</td>
<td>14.1</td>
<td>12.9*</td>
</tr>
</tbody>
</table>
## Results: Descriptive characteristics

Table 2. Descriptive characteristics of the study sample prior to roll-out of the Affordable Care Act Medicaid expansion to low-income adults, 2008-2013.

<table>
<thead>
<tr>
<th>Mean rates of reports per 100,000 children</th>
<th>States that expanded Medicaid in 2014 (N=20)</th>
<th>States that did not expand Medicaid during the study period (N=18)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All incidents</td>
<td>1st time incidents</td>
</tr>
<tr>
<td><strong>Child Neglect</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 0-5</td>
<td>4225</td>
<td>2730</td>
</tr>
<tr>
<td>Age 6-12</td>
<td>3005</td>
<td>1682</td>
</tr>
<tr>
<td>Age 13-17</td>
<td>1990</td>
<td>1174</td>
</tr>
<tr>
<td><strong>Child Physical Abuse</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 0-5</td>
<td>1091</td>
<td>680</td>
</tr>
<tr>
<td>Age 6-12</td>
<td>1143</td>
<td>662</td>
</tr>
<tr>
<td>Age 13-17</td>
<td>986</td>
<td>617</td>
</tr>
<tr>
<td><strong>Child Sexual Abuse</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 0-5</td>
<td>273</td>
<td>170</td>
</tr>
<tr>
<td>Age 6-12</td>
<td>379</td>
<td>233</td>
</tr>
<tr>
<td>Age 13-17</td>
<td>299</td>
<td>193</td>
</tr>
</tbody>
</table>
Results: Child Neglect

Panel 1: Overall Child Neglect Incidents
Ages 0-5 Ages 6-12 Ages 13-17

Panel 2: Child Neglect, First-Time Incidents
Ages 0-5 Ages 6-12 Ages 13-17

Panel 3: Child Neglect, Repeat Incidents
Ages 0-5 Ages 6-12 Ages 13-17

Percent change in the rate of neglect incidents per 100,000 children, per state-year attributable to Medicaid expansion.
Results: Child Physical Abuse

Panel 1: Overall Child Physical Abuse Incidents

<table>
<thead>
<tr>
<th>Ages 0-5</th>
<th>Ages 6-12</th>
<th>Ages 13-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>-4.5</td>
<td>-9.0</td>
<td>-7.6</td>
</tr>
</tbody>
</table>

Panel 2: Child Physical Abuse, First-Time Incidents

<table>
<thead>
<tr>
<th>Ages 0-5</th>
<th>Ages 6-12</th>
<th>Ages 13-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>-1.5</td>
<td>-3.1</td>
<td>-2.6</td>
</tr>
</tbody>
</table>

Panel 3: Child Physical Abuse, Repeat Incidents

<table>
<thead>
<tr>
<th>Ages 0-5</th>
<th>Ages 6-12</th>
<th>Ages 13-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>-8.7</td>
<td>-12.9</td>
<td>-10.9</td>
</tr>
</tbody>
</table>
Results: Child Sexual Abuse

Panel 1: Overall CSA incidents

Panel 2: CSA, First-Time Incidents

Panel 3: CSA, Repeat Incidents
Post hoc analysis: Perpetrators of abuse

Over the 11-year period of 2008-2018, on average 581,081 parents, 43,350 guardians, and 93,325 others were indicated to be perpetrators of at least one type of abuse per year.

Percentage of the average number of perpetrators per year from 2008-2018 by abuse type:

- **Any Physical Abuse**: Parent (22.8%), Guardian (29.4%), Other (22.7%)
- **Any Neglect**: Parent (82.3%), Guardian (73.0%), Other (5.2%)
- **Any Sexual Abuse**: Parent (35.9%), Guardian (15.5%), Other (5.2%)

**Parent**: biological parents, step-parents, adoptive parents, and other parents

**Guardian**: relative foster parent, nonrelative foster parent, legal guardian, unmarried partner of parent, and foster parent

**Other**: other non-foster parent relative, group home or residential facility staff, child daycare provider, other professionals, friends or neighbors, other
Discussion

• Medicaid expansion may be associated with reduced rates of child neglect reports

• Possible small reductions in rates of physical abuse attributable to Medicaid expansion

• Relative to child physical and sexual abuse, the etiology of neglect is more closely tied to poverty

• Child physical and sexual abuse have declined steeply since the 1990s; further declines due to Medicaid expansion are unlikely
Limitations

• NCANDS data does not include information on household income

• Only subset of incidents are reported to child protective services

• Data set precludes measurement of within-child or within-family changes

• Early and late Medicaid-expanders may differ in ways we were unable to measure in this study
Conclusions

• The ACA Medicaid expansion may have reduced rates of reported child neglect incidents

• Despite shared risk and protective factors, the ACA Medicaid expansion does not impact all CM types homogenously

• Our findings add to a much-needed body of evidence on the impact of societal policy efforts on different CM types
References


Callaway B, Sant’Anna PH. Difference-in-differences with multiple time periods. J Econom 2020


References


Thank you

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