



## **A New Generation of Children’s Health Policy: A Two (Or More) Generation Approach**

### Background

For over 50 years, the United States has waged the “War on Poverty” to eliminate the experience of scarcity from our homes and communities. Initiated by Lyndon Johnson in 1964, the War on Poverty was the impetus for the creation of some of the largest social, or “safety net,” programs in the history of our nation. Much of the safety net created during this time still remains, including Social Security, Medicaid, the Child Nutrition program and Food Stamps (now known as the Supplemental Nutrition Assistance Program, or SNAP). These programs have been integral to creating opportunity for millions of Americans to rise out of poverty; between 1967 and 2012, overall poverty fell from 26% to 16% and from 29% to 19% among children.<sup>1</sup> Over its history, the safety net has helped approximately 44 million Americans out of poverty who would have otherwise remained.<sup>2</sup>

Though the safety net has helped make great strides, the War on Poverty is not over. In 2015, there were still about 43 million Americans living in poverty, an overall rate of 13.5%. And poverty remains high among children – in 2015, approximately 20%, or 16 million children were living in families that were at or below the poverty level.<sup>3,4</sup> Poverty rates are higher among Hispanic, American Indian and black children, at 31%, 34% and 36% respectively.<sup>5</sup> Poverty puts children at a disadvantage for the rest of their lives. However, the disparities in poverty rates among children of color vs. white children reflect more than just the lack of economic opportunity among families of color – these disparities reflect a variety of structural factors that have placed children of color at an even more significant disadvantage compared with their white peers.

Unless we take swift action, we as a nation are effectively ensuring that poor children, particularly children of color, will face long-term persistent disadvantages for generations to come. But if the safety net has only taken us so far, then how do we effectively combat poverty and structural factors that hold back children of all backgrounds? The good news is that we know that persistent, intergenerational disadvantage can be interrupted. Generally referred to as *two-generation* policies and programs, investments in the health and wellbeing of both parents and children, especially in early years of life, and their parents, simultaneously and with equal

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<sup>1</sup> Parrott, S. (2014). War on Poverty: Large Positive Impact, but More Work Remains. The Center for Budget and Policy Priorities. Retrieved from <http://www.cbpp.org/commentary-war-on-poverty-large-positive-impact-but-more-work-remains>.

<sup>2</sup> Chaudry et. al. Poverty in the United States: 50-Year Trends and Safety Net Impacts. US Department of Health and Human Services. Retrieved from <https://aspe.hhs.gov/sites/default/files/pdf/154286/50YearTrends.pdf>.

<sup>3</sup> Income and Poverty in the United States: 2015. US Census Bureau. Retrieved from <http://www.census.gov/library/publications/2016/demo/p60-256.html>.

<sup>4</sup> Glied, S. & Oellerich, D. (2014) Two Generation Programs and Health. From: Helping Parents, Helping Children: Two-Generation Mechanisms. Vol 24, No 1, p. 79.

<sup>5</sup> National KIDS COUNT. Children in Poverty by Race and Ethnicity. Retrieved from <https://goo.gl/DP3r1N>.

intensity, have shown proven results in changing the trajectory of children’s lives.<sup>6</sup> Armed with this emerging evidence base, we as public health experts, policy makers, and program creators, have an unprecedented opportunity to design and test new interventions as well as increase investment in proven programs.

Emerging Evidence: Toxic Stress and Its Multi-Generational Impacts on Health

When human beings experience prolonged adversity, they are likely to experience chronic stress. While some stress can be beneficial, stress resulting from persistent and prolonged adversity can lead to stress becoming “toxic,” whereby stress hormone regulation can become dysfunctional and, over the long term, can increase wear and tear on organ systems throughout the body. *Toxic stress* in adults has been linked to increased risk for a variety of negative health outcomes, including cardiovascular disease, various forms of cancer, metabolic dysfunction and depression.<sup>7</sup> Young children can also be negatively impacted by toxic stress. Children can be exposed to harmful levels of stress as early as the prenatal period; when mothers are experiencing toxic stress, it can predispose a child for later stress reactivity.<sup>8</sup> As children grow, excessive and/or prolonged stress can fundamentally alter development of the brain and other vital organs, thus increasing risk for cognitive impairments, obesity and other chronic diseases throughout a lifetime. Early developmental delays in turn greatly increase risk for further life challenges, including financial stress, poor academic achievement and poor health.<sup>9</sup> Ultimately, exposure to high levels of stress reduces a child’s ability to build resilience—or the ability to overcome hardship. Building resilience is not unique to children, but it is particularly important for children to thrive and become healthy adults.

There are multiple forms of adversity, categorized as *adverse childhood events*, or ACEs, that have been found to create toxic stress. These adverse events are further categorized into **household level** events, including abuse, neglect and mental illness or substance use disorder in the household, and **neighborhood and community level** events, such as experiencing racism or living in unsafe neighborhoods.<sup>10</sup> Figure 1 illustrates the lifelong impacts of ACEs. Although the causal relationship between economic hardship and adversity is not fully understood, there is a strong relationship. Poor children are more

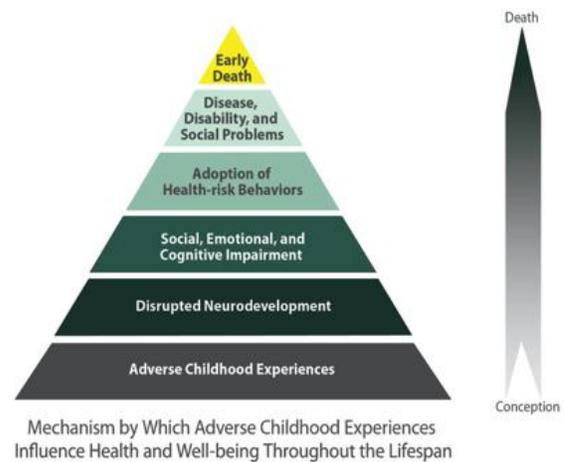


Figure 1. From the *CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study*

<sup>6</sup> Mosle, A., Patel, N. & Stedron, J. (2014). Top Ten for 2Gen. Policy Ideas & Principles to Advance Two-Generation Efforts. The Aspen Institute.

<sup>7</sup> Shonkoff, JP. et al. (2012). The Lifelong Effects of Early Childhood Adversity and Toxic Stress. American Academy of Pediatrics. Retrieved from <http://pediatrics.aappublications.org/content/129/1/e232.full>.

<sup>8</sup> IBID

<sup>9</sup> Centers for Disease Control and Prevention, Kaiser Permanente. The ACE Study Survey Data [Unpublished Data]. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2016.

<sup>10</sup> Wade Jr, R. (2015). Impact of Childhood Exposure to Racism [pdf]. Retrieved from [https://www.aap.org/en-us/Documents/cocp\\_racism\\_child\\_health.pdf](https://www.aap.org/en-us/Documents/cocp_racism_child_health.pdf).

likely to experience adversity than higher income children. There is also a distinct relationship between race/ethnicity and adversity. Black and Hispanic children are more likely to experience adversity than their white peers, and these disparities persist at the highest income levels.<sup>11</sup>

The effects of toxic stress are costly to both individuals and society at large. ACE's are linked to some of the most costly adult health conditions in the U.S., including cardiovascular disease which accounts for \$96.5 billion in direct medical care spending annually and mental health disorders with costs of \$86 billion.<sup>12</sup> The cumulative impacts of developmental and cognitive impairments due to toxic stress are untold.

### The Need for a Two (Or More) Generation Approach

Given the significant impact of adversity on the healthy development and long-term health outcomes of both parents and children, good science and common sense would dictate that our policies and programs should aim to have positive impacts on both parent and child. Despite the challenges of adversity, and resulting toxic stress, research indicates that interventions, such as those that promote a supportive, responsive relationship between parent and child, can reverse the damaging effects of toxic stress.<sup>13</sup> Therefore, a two (or more) generation approach to policymaking and program development is required (Two (or more) generation approach acknowledges the important and prevalent role of grandparents in the care of children).

Many policies and programs aim to address the health and wellbeing of both children and their families. However, there are only a limited number of programs that have been proven to positively impact two generations (parents *and* children) equally. Programs that have been sufficiently evaluated as two-generation programs and have shown success in improving the lives of both children and parents include:

- The Women, Infant and Children Supplemental Nutrition Program (or WIC)
- Early Head Start
- Tobacco cessation programs that offer incentives for quitting
- Substance use disorder treatment programs that are integrated with child care services<sup>14</sup>

Development of health system based two-generation programs has been limited, in large part, due to structural barriers in our health care system. Before passage of the Affordable Care Act (ACA), millions of Americans did not have access to health insurance or basic health care. Though more are insured, there are still gaps in coverage. Furthermore, payment structures incentivize physician practice that treats parents separately from children, and separates mental, oral and visual health care from the rest of physical health care. Benefit structures tend to not

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<sup>11</sup> Slopen, N. et al. (2016). Racial disparities in child adversity in the U.S.: Interactions with Family Immigration History and Income. *American Journal of Preventive Medicine*. Retrieved from [http://scholar.harvard.edu/files/davidrwilliams/files/child\\_adversity.pdf](http://scholar.harvard.edu/files/davidrwilliams/files/child_adversity.pdf)

<sup>12</sup> Center on the Developing Child at Harvard University (2016). *From Best Practices to Breakthrough Impacts: A Science-Based Approach to Building a More Promising Future for Young Children and Families*. <http://www.developingchild.harvard.edu>.

<sup>13</sup> IBID

<sup>14</sup> Glied, S. & Oellerich, D. (2014) Two Generation Programs and Health. From: *Helping Parents, Helping Children: Two-Generation Mechanisms*. Vol 24, No 1, p. 79.

cover integrated family services, such as preventive screenings for parents during pediatric care visits.<sup>15</sup> Financing tends to reward clinical care services, although evidence indicates that the provision of integrated health and social services are crucial for whole family health.<sup>16</sup> And beyond the health care system, structural racism, [implicit bias](#) and a polarized political climate have created roadblocks to innovation and proliferation of best practices. The combination of factors has resulted in fragmented systems that do not deliver the best care for families. However, the healthcare delivery and payment system landscape is shifting and there is ripe opportunity to advance a two-generation agenda as states contemplate high quality and cost effective approaches to health care delivery for at-risk populations.

### Opportunities for Action

Taking into account the most recent evidence on the multi-generational impact of adversity on health and wellbeing, the Center on the Developing Child at Harvard University has developed the following set of core principles that can be used to shape future two-generation policies and programs:

- 1) **Build Caregiver Skills:** Adults who care for young children may require additional support or opportunities to strengthen the skills that are essential for healthy early childhood development. These can be delivered through a number of vehicles: programs that support parents; parent engagement centers; teacher professional development programs; early childhood provider training and accreditation.
- 2) **Match Interventions to Sources of Significant Stress:** Policymakers should leverage a diverse set of interventions to increase the likelihood of reaching the greatest number of children and parents. Science directs us to key program areas around economic supports, parenting and substance use and mental health services. For example, directing resources to job training and financial literacy; programs that coach and support parents facing stress, home visiting programs and early intervention parental programs that promote family unity.
- 3) **Support the Health and Nutrition of Children and Mothers Before, During and After Pregnancy:** Women play a key role in children's health. Access to health coverage and services before, during and after pregnancy can increase the likelihood of good infant and child health. Directing resources to insurance coverage in addition to a robust set of services—such as WIC or SNAP—is important to maternal and child health over the long run. However, evidence reveals that targeted programming is not enough to reduce health disparities in birth outcomes and that these programs and strategies must be paired with resources outside of the clinical care space to improve children's health throughout their development.
- 4) **Improve the Quality of the Broader Caregiving Environment:** Children thrive when they are exposed to a range of positive stimuli in a stable and safe environment. Currently, there is vast inconsistency across childcare centers and home-based care environments. There are two core needs for children that should drive a childcare policy

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<sup>15</sup> IBID

<sup>16</sup> McGinnis, T., Crawford, M., & Somers, SA. (2014). A State Policy Framework for Integrating Health and Social Services. The Commonwealth Fund. Retrieved from [http://www.commonwealthfund.org/~media/files/publications/issue-brief/2014/jul/1757\\_mcginnis\\_state\\_policy\\_framework\\_ib.pdf](http://www.commonwealthfund.org/~media/files/publications/issue-brief/2014/jul/1757_mcginnis_state_policy_framework_ib.pdf).

agenda: 1) access to a language rich environment with opportunity to interact with others and build interpersonal skills and confidence; and 2) a safe setting with high ratios of adult-to-child that support building resilience and social-emotional health. Raising the bar for childcare consistency will demand resources and re-evaluation of priorities at the community, state and federal levels.

- 5) **Establish Clear Goals and Appropriately Targeted Curricula:** Evidence-based curricula should target specific outcomes and evolve as a child grows. For example, programs developed to target a child in the first two years of life should not be a metric for long-term school achievement. Rather, programs and curricula should work together along the child-parent life course to support age-appropriate skill building.<sup>17</sup>

Consumer health advocates can use these principles to guide them in:

- 1) Assisting in the design, development and implementation of new two-generation policies and programs for health;
- 2) Identifying promising policies and programs that address household, neighborhood and community factors that contribute to toxic stress, and working to implement them on local, state and/or national levels;
- 3) Investigating the availability of resources to accomplish numbers 1 and 2 above; and
- 4) Driving campaigns to advance a two-generation agenda, lending their health expertise to building a broader policy agenda that marries health to social services supports demanded by a two-generation framework.

For consumer health advocates, the opportunity to engage in two-generation work is now. Passage of the ACA has created new pathways to address some of the causes of family adversity outlined above. For instance,

- It is now possible in many states to provide coverage for the whole family through Medicaid expansion and premium assistance, which can help families alleviate financial burdens associated with accessing health care. Advocates should continue to push for closing the coverage gap in remaining states.
- There are new opportunities to leverage resources in the health care system to better address mental health and substance use disorders and address community needs outside of the clinical care setting. Payment and delivery system reform mechanisms, including multiple types of waivers along with the proliferation of promising practices through institutions like the Center for Medicare and Medicaid Innovation (CMMI), provide avenues to design, test and disseminate two-generation programs that aim to interrupt family adversity. Advocates can weigh in on waivers and advance their own priorities for two-generation approaches as states contemplate new models of care.
- The ACA has also created [new mechanisms](#) to identify and prevent discrimination in the clinical care setting. In addition to identifying discrimination, however, it will be important to address structural factors and implicit biases that create disparities in care especially for minorities and other marginalized groups. For example, implementing and facilitating education and trainings for providers on racism and implicit bias.

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<sup>17</sup> Center on the Developing Child at Harvard University (2016). From Best Practices to Breakthrough Impacts: A Science-Based Approach to Building a More Promising Future for Young Children and Families. Retrieved from <http://www.developingchild.harvard.edu>.

- Advocates can support appeals and complaints processes in their states by educating consumers about these important data collection and monitoring tools.

In addition to a policy agenda, a true two-generation approach will require engaging the entire [system of advocacy](#).<sup>18</sup> Given the impact of social and economic determinants outside of the health care system on multi-generational health outcomes, it will be crucial to form new alliances and coalitions with partners outside of the health care system. It will also be particularly important to build capacity and support meaningful engagement of community-based, grassroots leadership in the development of policy and programmatic solutions.

As we as consumer health advocates think about a new two (or more) generation policy agenda for health, we must first recognize that this will not be a one-size-fits-all approach. We will need a constellation of policy changes, new programs and interventions, and strong campaigns with grassroots engagement in order to tackle the structural factors that contribute to family adversity and hinder opportunities for children.

**Authored by  
Gabrielle Orbaek White,  
Consultant, Children's Health Initiative**

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<sup>18</sup> Community Catalyst System of Advocacy. Retrieved from <http://www.communitycatalyst.org/work>.