

Services for Children and Parents Together Keep Families Healthy

Part of the series: **Children & Families at the Center**
Recommendations for Communities, States, and the Administration

Physical, mental, and emotional health have a major impact on a family's ability to thrive.¹ Childhood trauma, for instance, can have lasting health and social consequences. Research demonstrates that parents with health insurance are more likely to seek regular care for themselves and their children.² By reimagining health care services to treat children and their parents simultaneously, states can keep families healthy.

"Being a parent and having a job and having a household and just doing everything takes a lot out of you. It's hard for me to get checked because I have so many other things to do. So when my child gets checked, it will be good to have everyone checked, including me, because I will be able to talk to the doctor and let him know everything that is going on."

– Philadelphia Mom on the benefits to creating well-visits for children and families together

The Need: The health of parents and their children is closely intertwined. Research shows that healthy parents have healthier children and vice versa. While genetics may account for some of this connection, much of it is a direct result of environment and behavior. The environmental and behavioral risk factors for poor health disproportionately impact families with low incomes. When resources – time or financial – force parents to choose between caring for themselves or caring for their children, they put their children first, often neglecting their own health needs. Maintaining health insurance is also challenging for families with low incomes and can create both financial and health risks. Uninsured adults are more likely than those with insurance to report health concerns and often go without needed care due to cost. Failure to seek preventative care can lead to costly treatments for diseases that go undiagnosed for a prolonged period of time.³ Parents in poor health may experience difficulty securing and maintaining full-time employment or providing financial and psychosocial support for their children.⁴ Just one unexpected medical bill for an uninsured family member can jeopardize the entire family's economic security.⁵ States can increase health outcomes for families by connecting human services and health systems to better meet the needs of parents and children and ensuring all families have access to quality health coverage.

Principles to Accelerate Placing Children & Families at the Center of Our Policies

- **Set and track outcomes for children, parents and families** using previously uncoordinated data sets from across multiple state agencies.
- **Leverage public-private partnerships** to test innovations and implement rapid-cycle learning and evaluation to find what works best and replicate it.
- **Apply an equity and inclusion lens** that considers race, ethnicity, gender, and geography across institutionalized structures to remove systemic barriers and combat intergenerational poverty.

Impact of Health Insurance on Children⁶

- Children of uninsured parents with low incomes are three times more likely to be uninsured themselves and more likely to experience difficulties accessing needed care than children with insured parents.
- Insured children with uninsured parents are less likely to have seen a physician in the past year.
- Uninsured children use medical and dental care less often than insured children.
- Uninsured children are less likely than insured children to receive recommended preventive services, including early treatment for developmental issues.

The Opportunity: As the link between parents' physical, mental, and emotional health and their children's development grows stronger, a two-generation (2Gen) approach to health care services and programs will ensure both children and their parents get the care they need. 2Gen approaches meet the needs of children and the adults in their lives together. Providing more families access to health insurance and access to care will help, but physicians also need to find ways to treat families as a whole, especially when it comes to diagnosing and addressing mental health.

To support these efforts, the Centers for Medicare and Medicaid Services (CMS) offers guidance to states related to how Medicaid services may be delivered, including opportunities that support children and parents together. For example, Medicaid can be used to support maternal depression screening during well-child visits and can help pay for a dyadic approach to care.⁷ These guidelines can help states consider opportunities to address critical health issues as they design and implement two-generation policies and programs. States can also have flexibility in how they administer State Children's Health Insurance Program (SCHIP) to help increase families' access to quality health care for children.

As federal policymakers weigh the future of the Affordable Care Act, states must be ready to meet the extra challenge of addressing the needs of a greater number of people, potentially with fewer state resources. A 2Gen approach will help states find efficient and effective ways to provide health services and prevention services. Serving children and parents together as well as better aligned and linked services across agencies will help more families stay strong and reduce costs over the long term.

RECOMMENDATIONS FOR STATE ACTION

Strengthen and leverage the intersection of early childhood, health and human services, and the social determinants of health to ensure that funds and services are implemented in an effective and efficient model that ensures children and parents get the care they need. States can do this by maximizing opportunities for whole-family diagnosis and treatment for physical and mental health by implementing a 2Gen approach.

ENSURE HEALTH CARE SERVICES REFLECT A 2GEN APPROACH.

Studies on Medicaid eligibility show that among children in families with low incomes those who experience more years of Medicaid eligibility are in better health. Other studies associate expansion of Medicaid eligibility with reductions in child mortality. Additionally, increases in Medicaid enrollment are shown to decrease hospital admissions for conditions that could be well-managed by primary care.⁸

As of September 2016, 32 states and the District of Columbia had expanded (or were in the process of expanding) Medicaid to cover more adults with low incomes. By gaining access to health care, parents can improve and maintain their own health, and their increased productivity translates into greater financial stability for their children. When parents have health insurance, their children are more likely to be enrolled in Medicaid as well and are more likely to get preventive care.

- Ensure Medicaid's Early and Periodic Screening, Diagnostic, and Treatment services fully address health issues by including housing and food needs.
- Conduct targeted enrollment strategies that are designed to facilitate enrollment of newly eligible parents in an effort to also boost children's coverage.
- Increase the stability of coverage by adopting policies such as 12-month continuous eligibility — eliminating the need for mid-year eligibility determinations — and pre-completing renewal applications or defaulting to a renewal unless the enrollee indicates a change in circumstances.
- Create a link between Medicaid and SCHIP to ensure the services children and their parents receive reflect a 2Gen approach.

MAXIMIZE OPPORTUNITIES FOR WHOLE-FAMILY DIAGNOSIS AND TREATMENT FOR MENTAL HEALTH.

Parental, especially maternal, depression is a two-generation issue, harming the quality of parenting and sometimes inhibiting child development. Last year, the United States Preventive Services Task Force recommended that all women be screened for depression during pregnancy and after giving birth. The recommendation came on the heels of research finding maternal mental illness is more prevalent than initially thought. For children and parents with low incomes, mental health is a particularly critical issue. States and communities can address this concern by promoting family-based services for mental health.

- Maximize opportunities for whole-family diagnosis and treatment of mental health.
- Design child wellness visits to create a 2Gen model of care that considers children, mothers, and fathers.
- Explore ideas for financing mental health and early child development services in a pediatric and health clinic setting.

MITIGATE TOXIC STRESS.

A growing field of important research is looking at trauma-informed care and how to leverage what is known about adverse childhood experiences (ACEs). While learning to cope with adversity can build resilience and is an important part of development, prolonged exposure to traumatic conditions — including neglect and abuse as well as food insecurity and poverty — can have long-term consequences on children's health and ability to learn.

- Give state and local human service providers training and resources to use the ACEs survey to assess both the parent and the child for potential traumatic experiences in their past.
- Educate recipients of trauma services about the impact of traumatic childhood experiences on their health and well-being as well as the potential impact on the healthy development of their children.
- Use ACE survey results to aggregate the data within and across the agencies to inform treatment interventions, systems responses to trauma, and public policies to address childhood trauma and prevent it for future generations.⁹

Endnotes:

¹ Randa, R. F. & Felitti, V. J. *The Adverse Childhood Experiences Study*. Retrieved from <http://www.acestudy.org>

² Rosenbaum, S. & Whittington, R. P. T. (June 2007). *Parental Health Insurance Coverage as Child Health Policy: Evidence from the literature*. Retrieved from http://sphhs.gwu.edu/departments/healthpolicy/CHPR/downloads/Parental_Health_Insurance_Report.pdf

³ Institute of Medicine. (2002). *Health Insurance Is a Family Matter*. Washington DC: National Academies Press.

⁴ Ross, C.E., & Mirowsky, J. (1995, September). Does employment affect health? *Journal of Health and Social Behavior*, 36, 230-243.

⁵ Doty, M.M., Collins, S.R., Rustgi, S.D., & Kriss, J.L. (2008, August). *Seeing Red: The Growing Burden of Medical Bills and Debt Faced by U.S. Families*. Retrieved from http://www.commonwealthfund.org/~/media/Files/Publications/Issue%20Brief/2008/Aug/Seeing%20Red%20The%20Growing%20Burden%20of%20Medical%20Bills%20and%20Debt%20Faced%20by%20U%20S%20Families/Doty_seeingred_1164_ib%20pdf.pdf

⁶ Paradise, J. (2014). *The Impact of the Children's Health Insurance Program (CHIP): What Does the Research Tell Us? The Henry J. Kaiser Family Foundation*. Available at: <http://kff.org/report-section/the-impact-of-the-childrens-health-insurance-program-chip-issue-brief/>

⁷ Centers for Medicare and Medicaid Services. (2016). *CMCS Informational Bulletin: Maternal Depression Screening and Treatment: A Critical Role for Medicaid in the Care of Mothers and Children*. Issued May 11, 2016. Available at: <http://ccf.georgetown.edu/wp-content/uploads/pdfs/cib051116.pdf>

⁸ Paradise, J. (2014).

⁹ *The Adverse Childhood Experiences (ACEs) Survey Toolkit for Providers*. (2016). The National Crittenton Foundation. Available at: http://nationalcrittenton.org/wp-content/uploads/2015/10/ACEs_Toolkit.pdf