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Expanding ACEs: Understanding and Addressing Childhood Economic Hardships



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**First 5 Summit
Glendale, CA
April 12, 2018**

**California Department of Public Health
Center for Family Health
Maternal, Child and Adolescent Health Division**

Disclosures

- The presenters have no conflicts to disclose.





Session learning outcomes

Describe the link between childhood economic hardships and subsequent pregnancy-related health.

Understand the benefits of using the California Poverty Measure to assess poverty.

Identify and use available data resources to assess the economic well-being of pregnant women and families in California counties.

Essentials for Childhood Initiative

Mission:

To develop a common agenda across multiple agencies and stakeholders and align activities, programs, policies and funding so that all California children, youth and their families have safe, stable, nurturing relationships and environments.

Guiding principle 3:

Accomplishing safe, stable, nurturing relationships and environments requires changes in multiple systems with a **focus on broad social and economic determinants**, social norms, and governmental and institutional policies, as well as individual family change.





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Economic Hardship in Childhood and Subsequent Maternal Hardships and Behaviors

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California Department of Public Health
Center for Family Health
Maternal, Child and Adolescent Health Division



Background

- Adverse Childhood Events (ACEs) studies revealed high prevalence of child abuse and other childhood psychosocial traumas and their enduring health effects.
- The field of maternal and child health has embraced both ACEs and social determinants of health in efforts to understand the root causes of health inequities across the life course.
- Classic ACEs studies did not include economic hardship.



Background

Impact of economic hardships during childhood (EHC):

- Toxic stress from any source impacts health.
- EHC is linked to many adult adverse health outcomes and socioeconomic conditions.
- Economic hardships increase the risk of child abuse and family disruption/dysfunction.



Study question

Are economic hardships in childhood associated with women's subsequent hardships and health-risk behaviors around the time of pregnancy?



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Data Source: Maternal and Infant Health Assessment

- Annual population-based survey of California women with a recent live birth
- Maternal and infant experiences before, during and shortly after pregnancy
- Mail survey with telephone follow up to English- and Spanish-speaking women ages 15 and older
- Collaboration between California Department of Public Health, Maternal, Child and Adolescent Health Division and University of California, San Francisco Center on Social Disparities in Health
- Supported by California Department of Public Health: Title V Block Grant and WIC funds



Sample

- MIHA data from years 2011-2014
- Stratified random sample from California birth certificate
- Weighted to represent California women with a live birth
- Overall sample 27,626
- 27,102 women completed all questions on economic hardship in childhood





Economic hardship in childhood

- Events or circumstances that happened “from the time you were born through age 13:”
 - Respondent or someone in her family went hungry (hunger)
 - Her family had to move because of problems paying rent or mortgage (rent/mortgage problems)
 - Her family had difficulty paying for basic needs like food or housing



Economic hardship in childhood: summary measure definition

Level of EHC	Hunger or rent/mortgage problems	Frequency of difficulty paying for basic needs
Highest	Yes to one or both	Very or somewhat often
Intermediate	Yes to one or both	Not very often or never
	No to both	Very or somewhat often
Lower	No to both	Not very often
None reported	No to both	Never



Outcome indicators: Maternal hardships and health-risk behaviors

- Indicators of economic and social hardship
 - Poverty in the year before birth
 - Food insecurity during pregnancy
 - Homelessness or no regular place to sleep during pregnancy
 - Intimate partner violence during pregnancy
- Health-risk behaviors
 - Smoking, 3 months before pregnancy
 - Binge drinking, 3 months before pregnancy



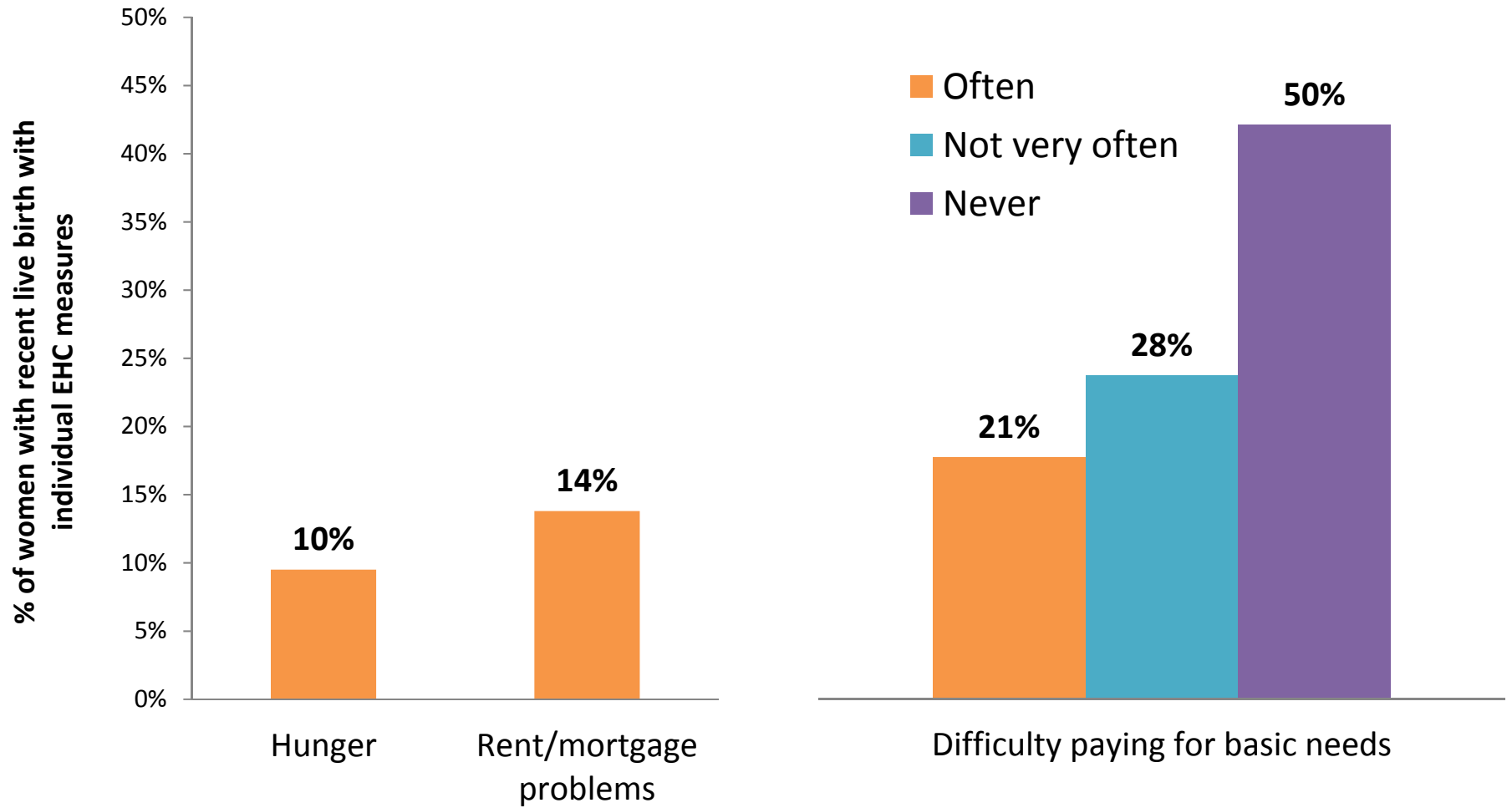
Analysis

Estimated associations between EHC and 6 outcomes:

- Is there a relationship between EHC and maternal outcome?
- Is the relationship explained by other childhood characteristics and resources?
- Is the relationship explained by characteristics and resources around the time of pregnancy?
- Were the effects of EHC independent of effects of other childhood hardships (family disruption or dysfunction)?



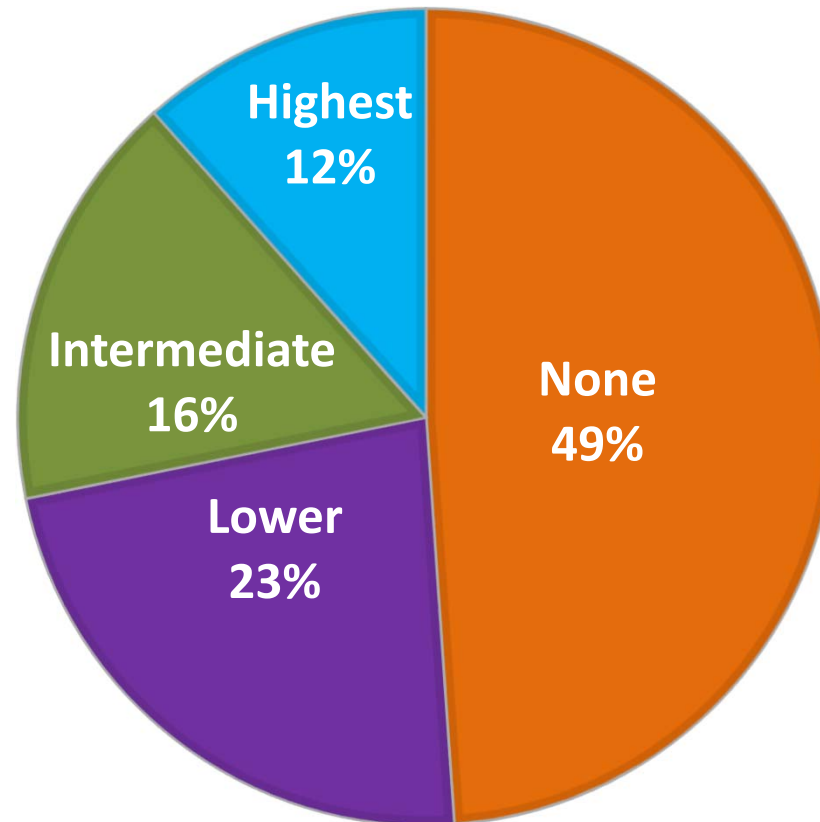
Individual EHC Measures





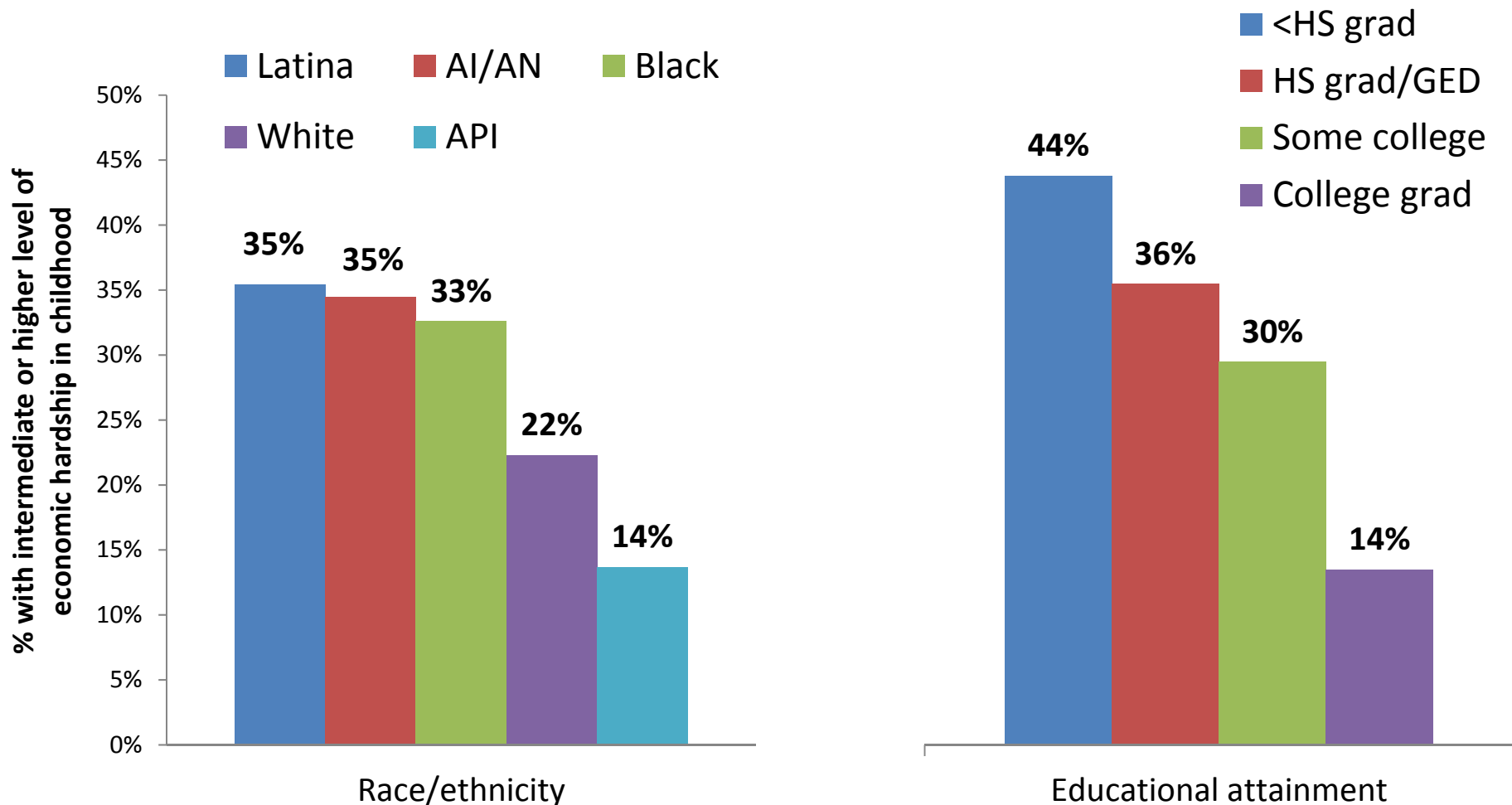
Level of EHC

PERCENT OF WOMEN WITH EACH LEVEL OF ECONOMIC HARDSHIP IN CHILDHOOD



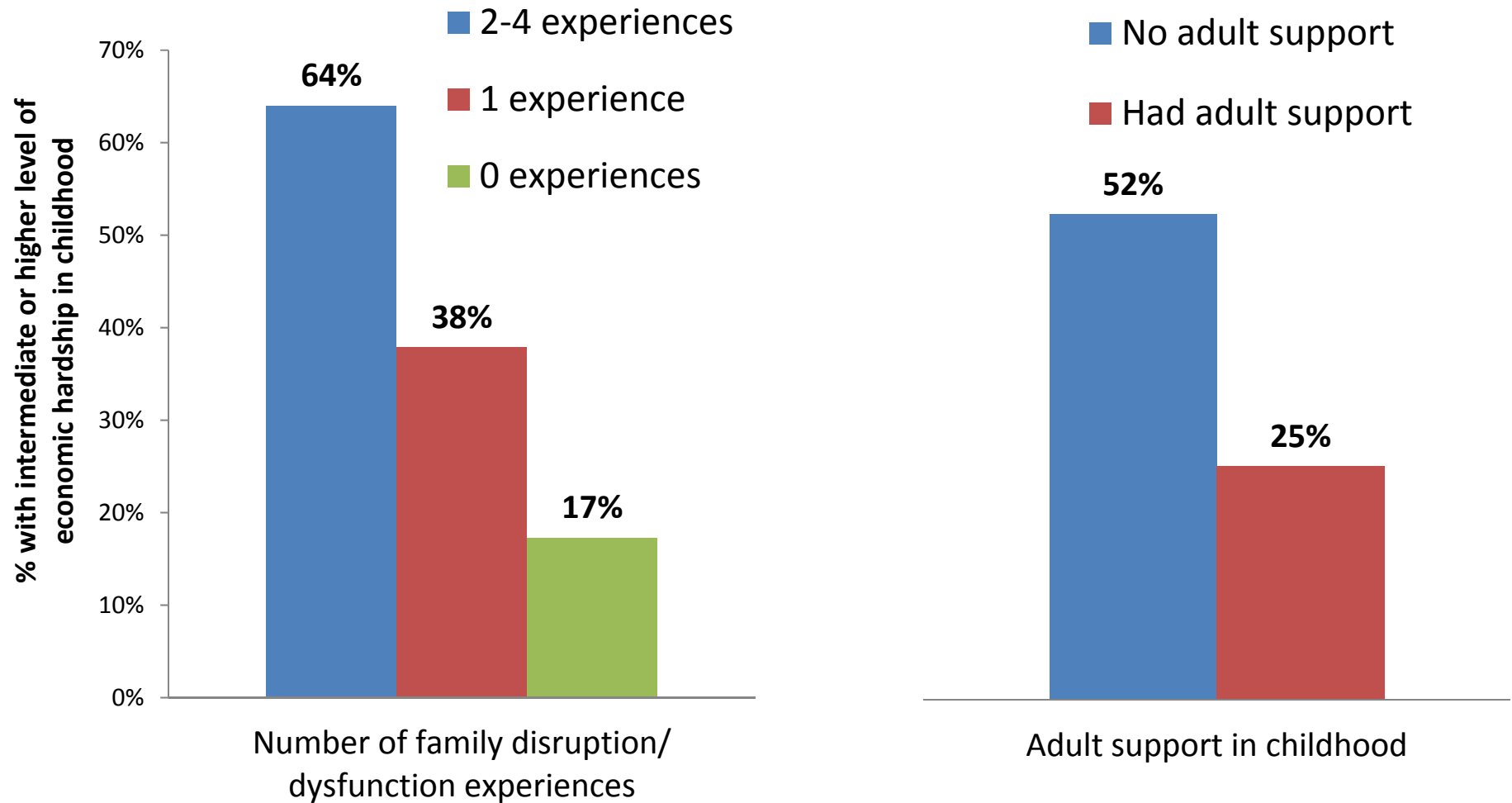


Disparities in intermediate or higher level of EHC: Race/ethnicity and educational attainment





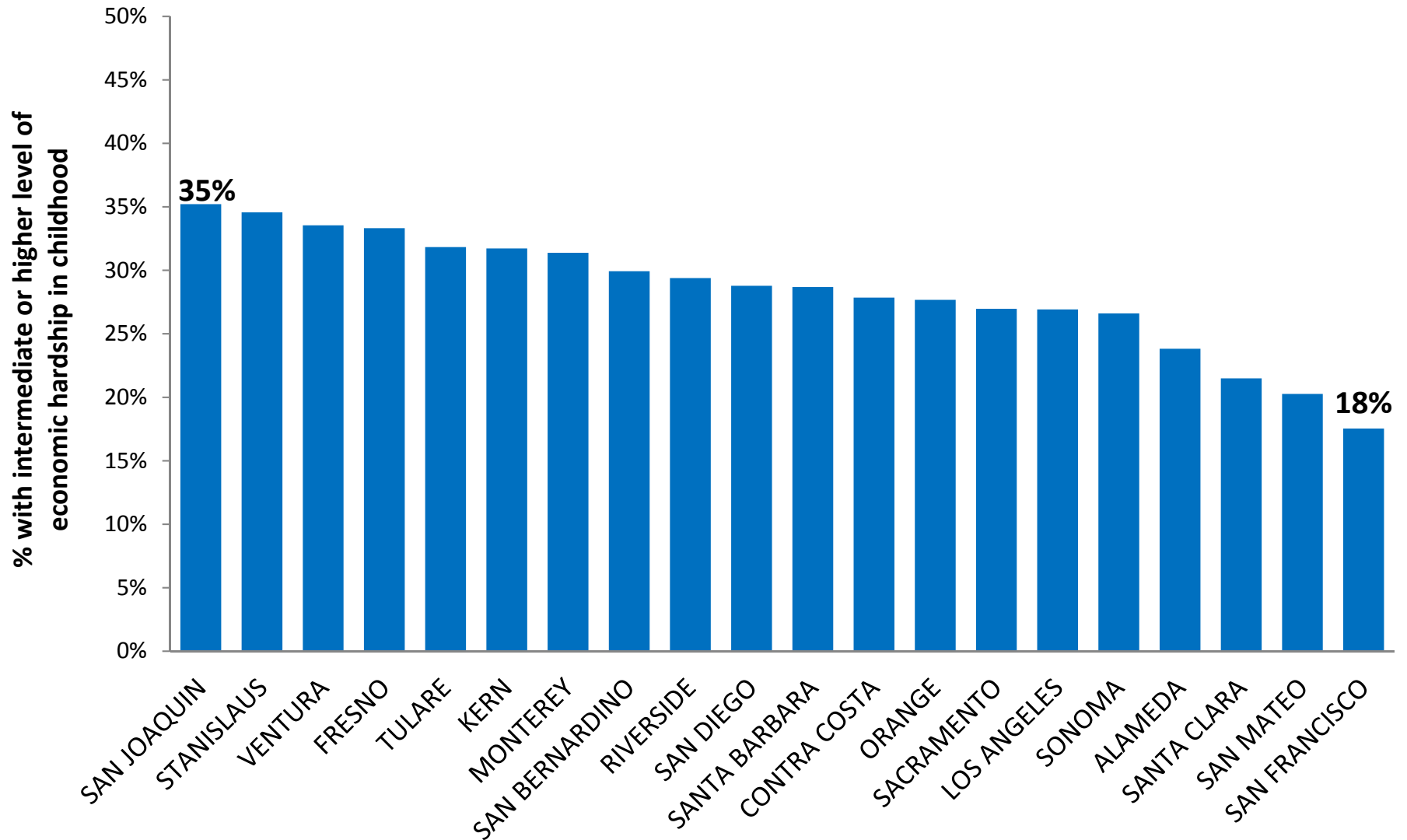
Disparities in intermediate or higher level of EHC: Family disruption/dysfunction and adult support



Family disruption/dysfunction experiences include parental divorce/separation, jail, drinking/drug problem, or child placement in foster care.

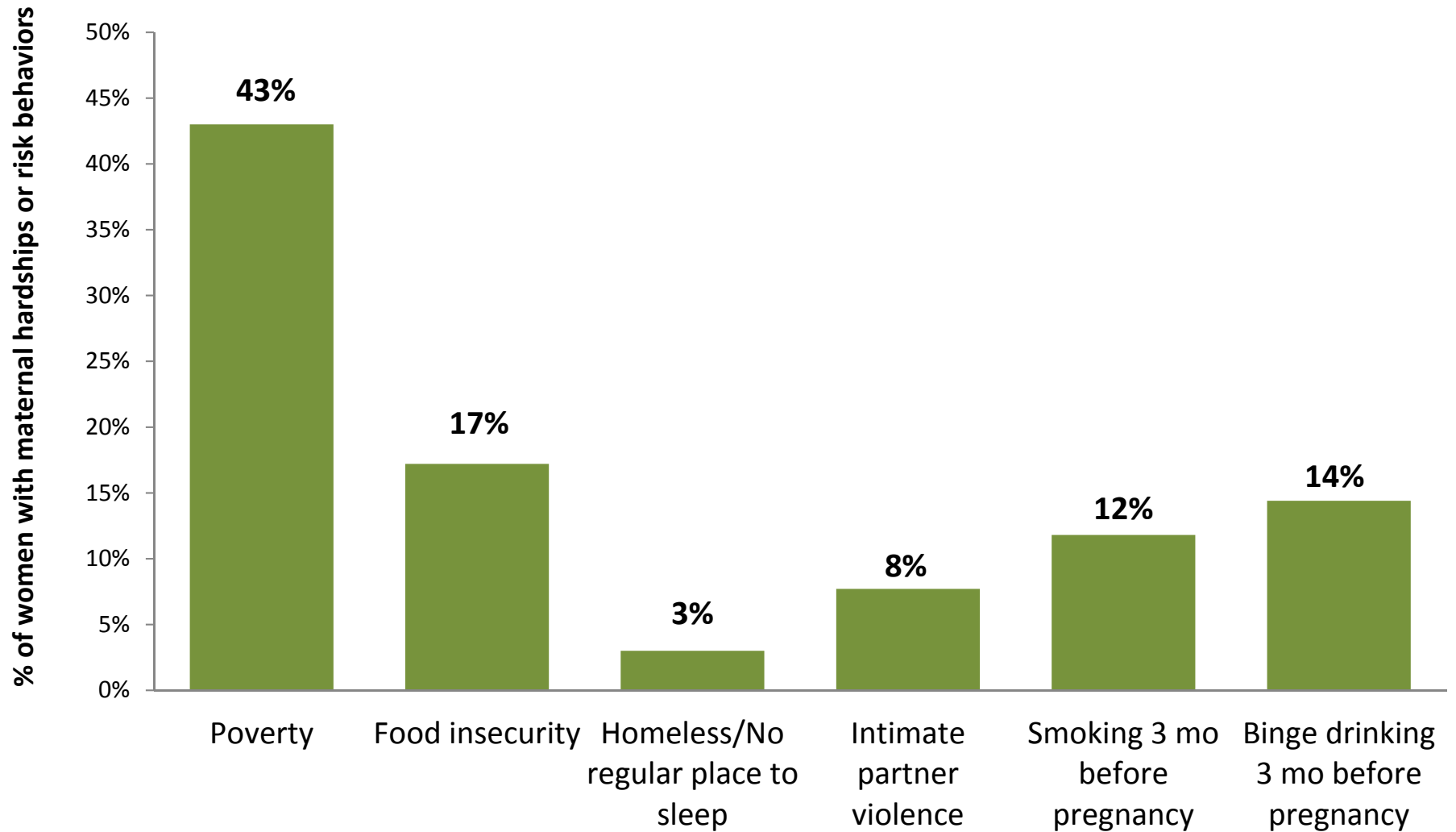


Disparities in intermediate or higher level of EHC: 20 CA counties with the most births





Maternal outcome indicators: maternal hardships and health-risk behaviors





Final association of EHC with maternal indicators

- Intermediate or higher level of EHC is associated with:
 - Maternal poverty, food insecurity, homelessness/no regular place to sleep, IPV during pregnancy, binge drinking before pregnancy
- Relationships persisted after controlling for childhood and maternal characteristics/resources, and family dysfunction in childhood
- Maternal smoking was not associated with EHC after adjustment.
- Higher levels of EHC appeared to be associated with higher maternal risks.



Summary

- EHC is common.
- EHC is more common among women who:
 - Are American Indian, Black, Latina
 - Are younger, less educated
 - Experienced more family disruption/dysfunction and lacked adult support during childhood
- Intermediate/higher EHC levels associated with five indicators of maternal hardships and health risk-behaviors, but not smoking
- Family disruption/dysfunction does not explain results
- EHC appears to have dose-response relationship with maternal outcome indicators



Implications

- EHC are linked to threats to maternal health, particularly in the long-term.
- Discussion of ACEs and policy responses to them should include economic hardships during childhood, and their negative consequences later in life.
- Today in California, nearly 20% of children live in poverty.
 - Possible impact in terms of negative adult health and lack of economic mobility are staggering.



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- Article citation:
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Thank You

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The California Poverty Measure and child poverty

First Five Summit
April 12, 2018

Caroline Danielson



PPIC

PUBLIC POLICY
INSTITUTE OF CALIFORNIA

Outline

- California Poverty Measure (CPM) overview
- Protective role of social safety net programs
- How could the social safety net do more?

How poverty is calculated

Resources

Earnings
Cash benefits

-

Expenses

Poverty threshold

Family size



How CPM poverty is calculated

Resources

Earnings

Cash benefits

Taxes

In-kind benefits

-

Expenses

Work-related child care

Other work related

Medical

Poverty threshold

Family size

Region

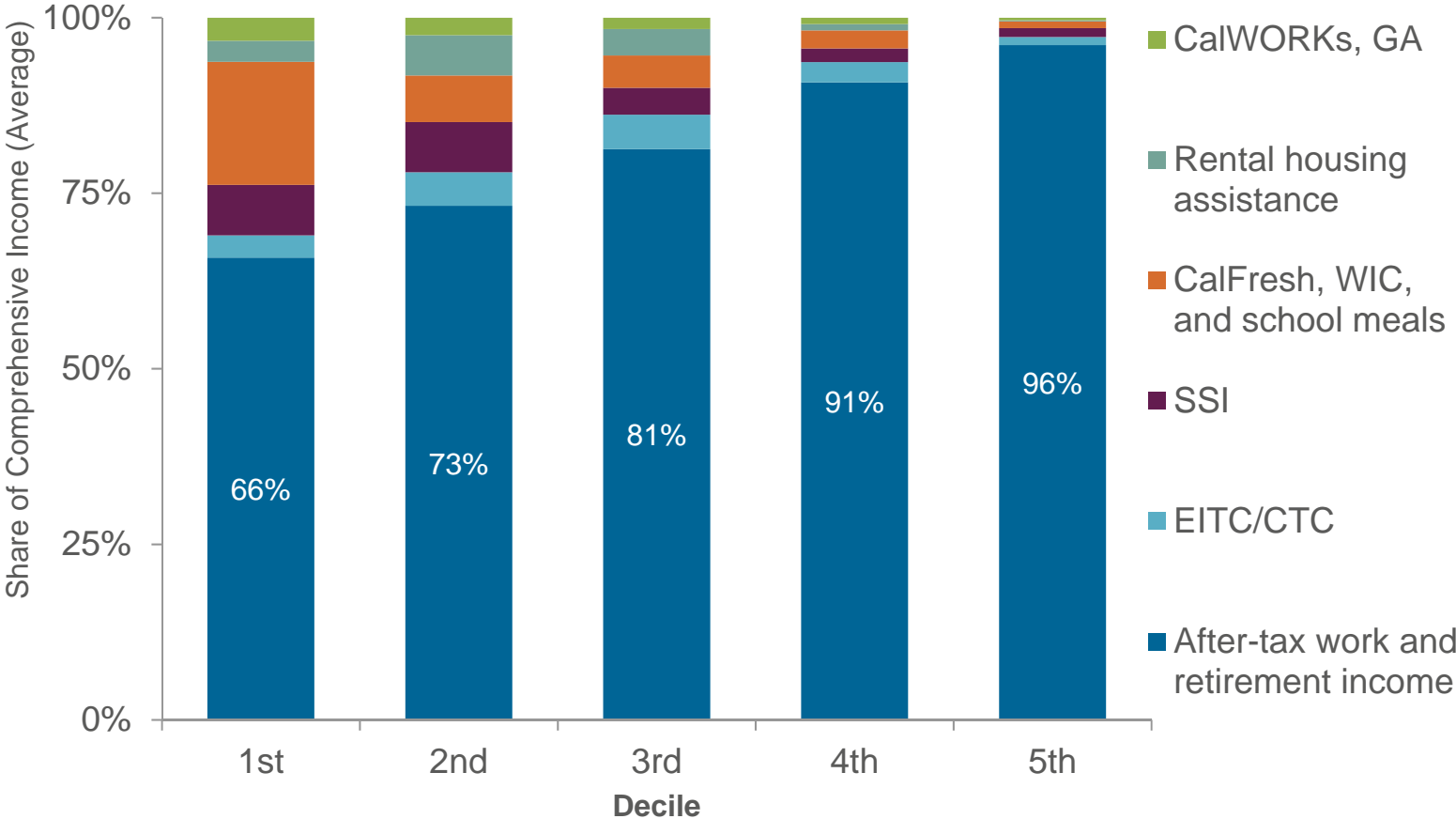
Homeownership status



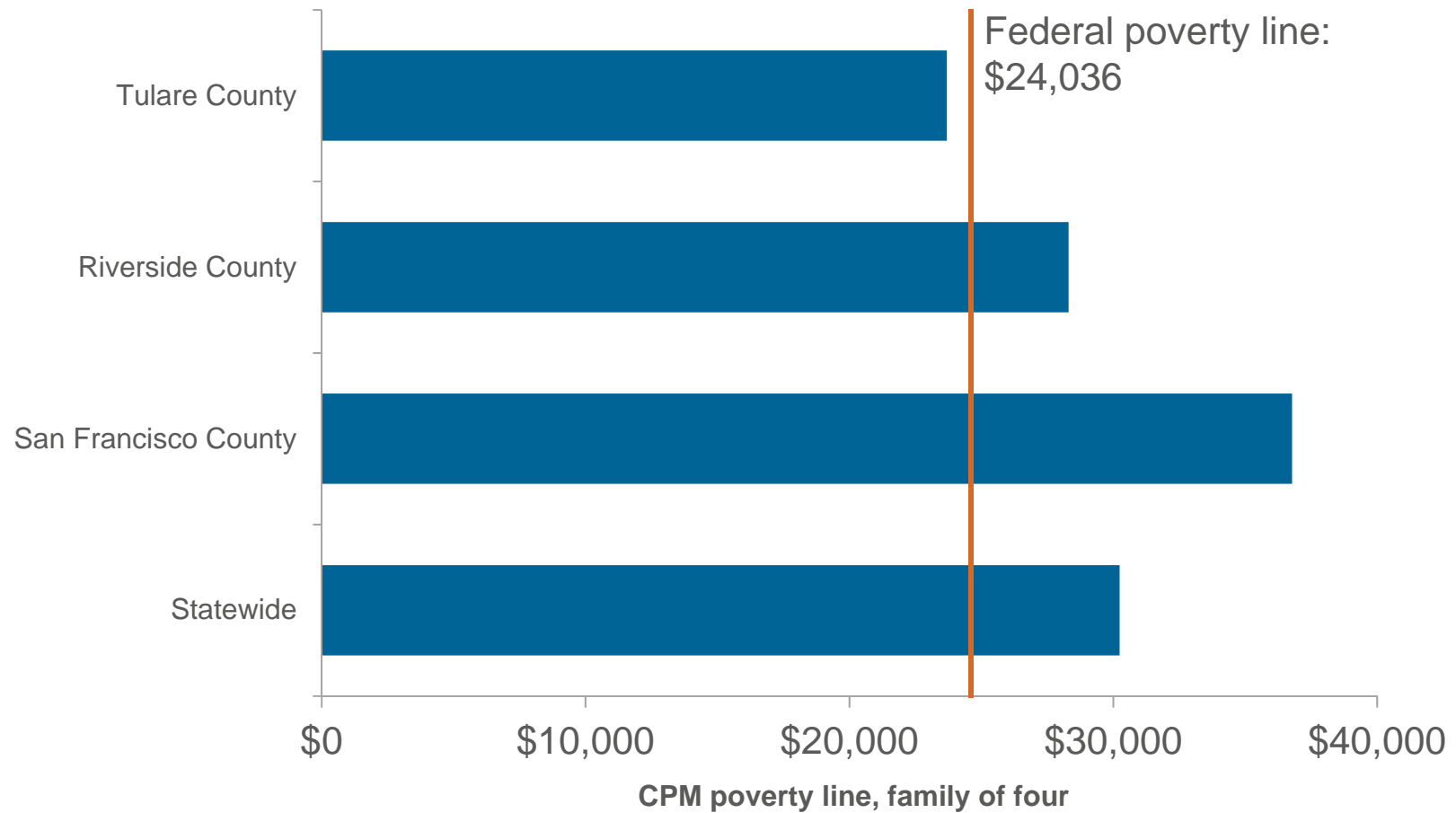
The CPM includes an expanded set of family resources

	Official poverty	California Poverty Measure
Cash income	X	X
Taxes paid, tax credits received		X
Social Security	X	X
Supplemental Security Income	X	X
TANF/CalWORKs	X	X
General Assistance	X	X
SNAP/CalFresh		X
WIC		X
School breakfast and lunch		X
Federal rental assistance		X

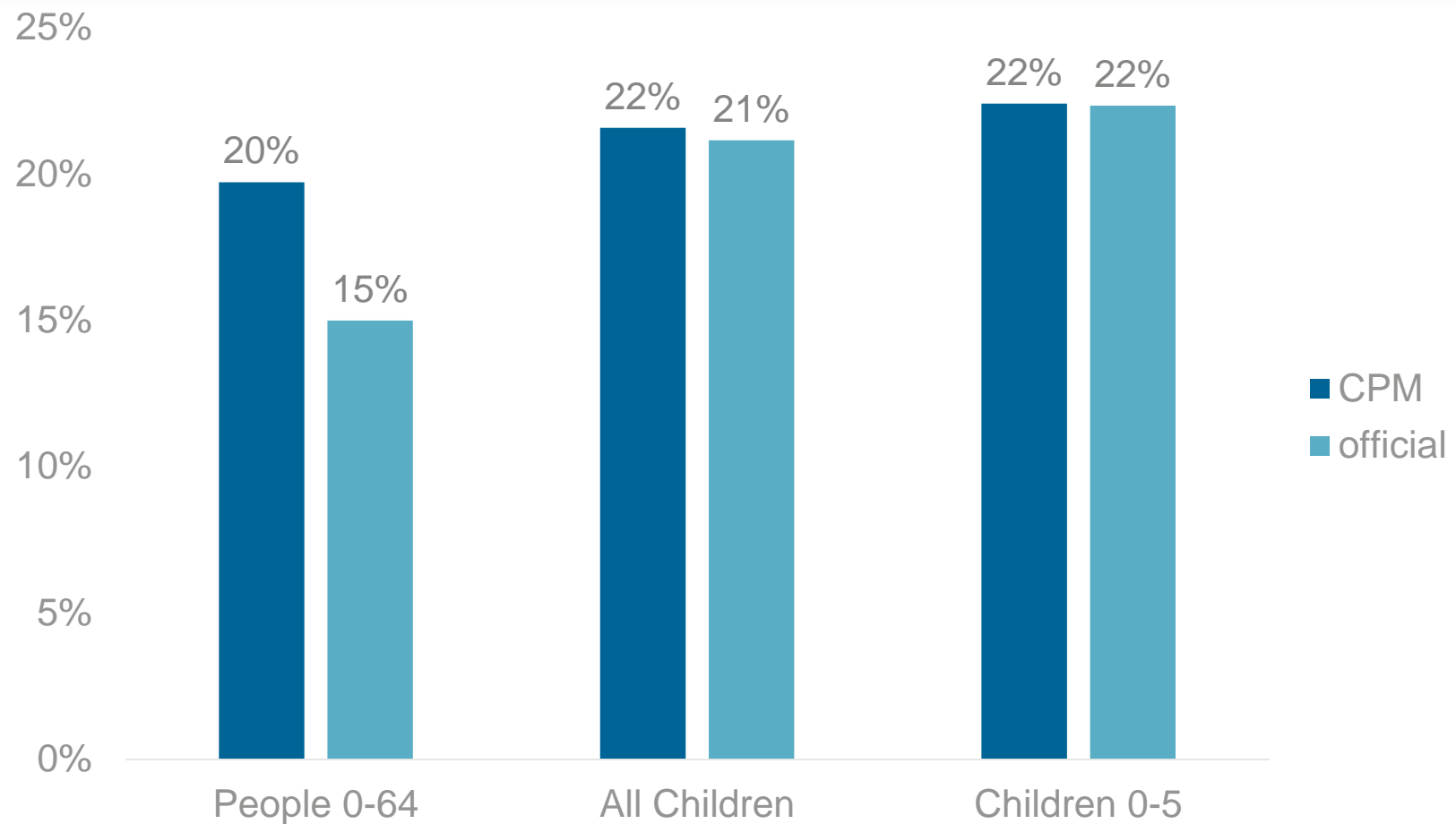
Resources from the social safety net can be substantial



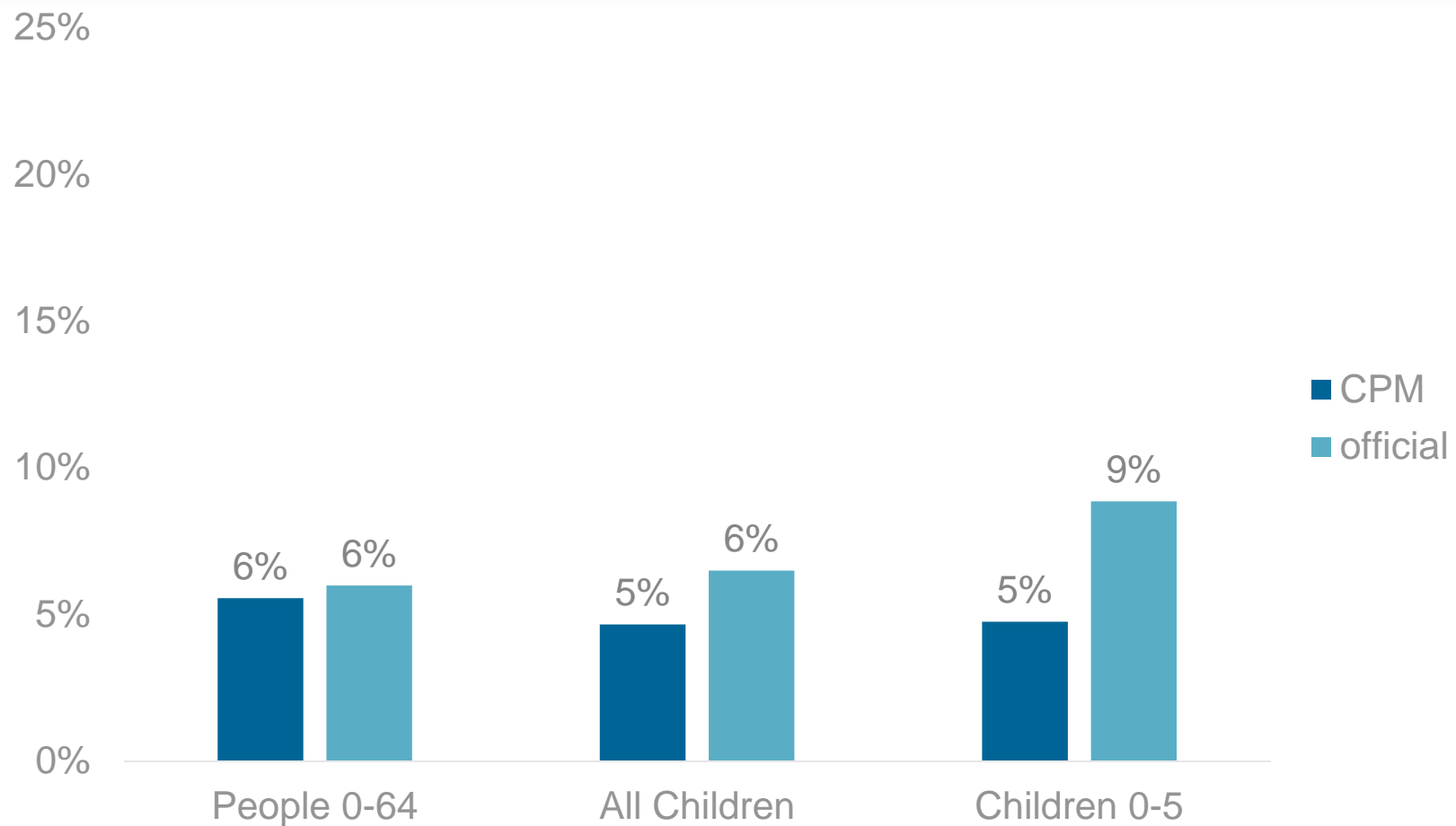
CPM poverty thresholds are generally well above FPL



The result: more Californians in poverty



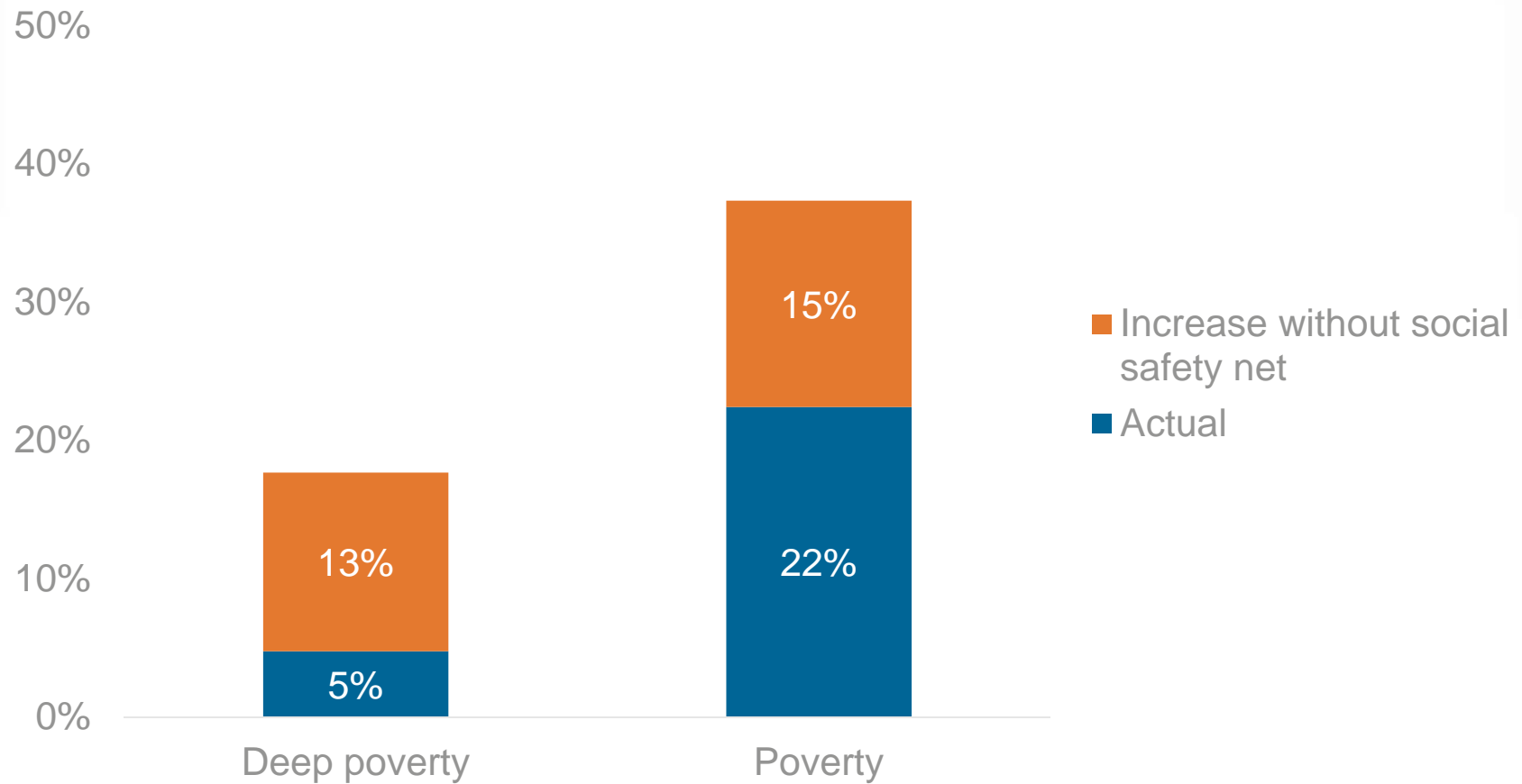
...But fewer children in deep poverty



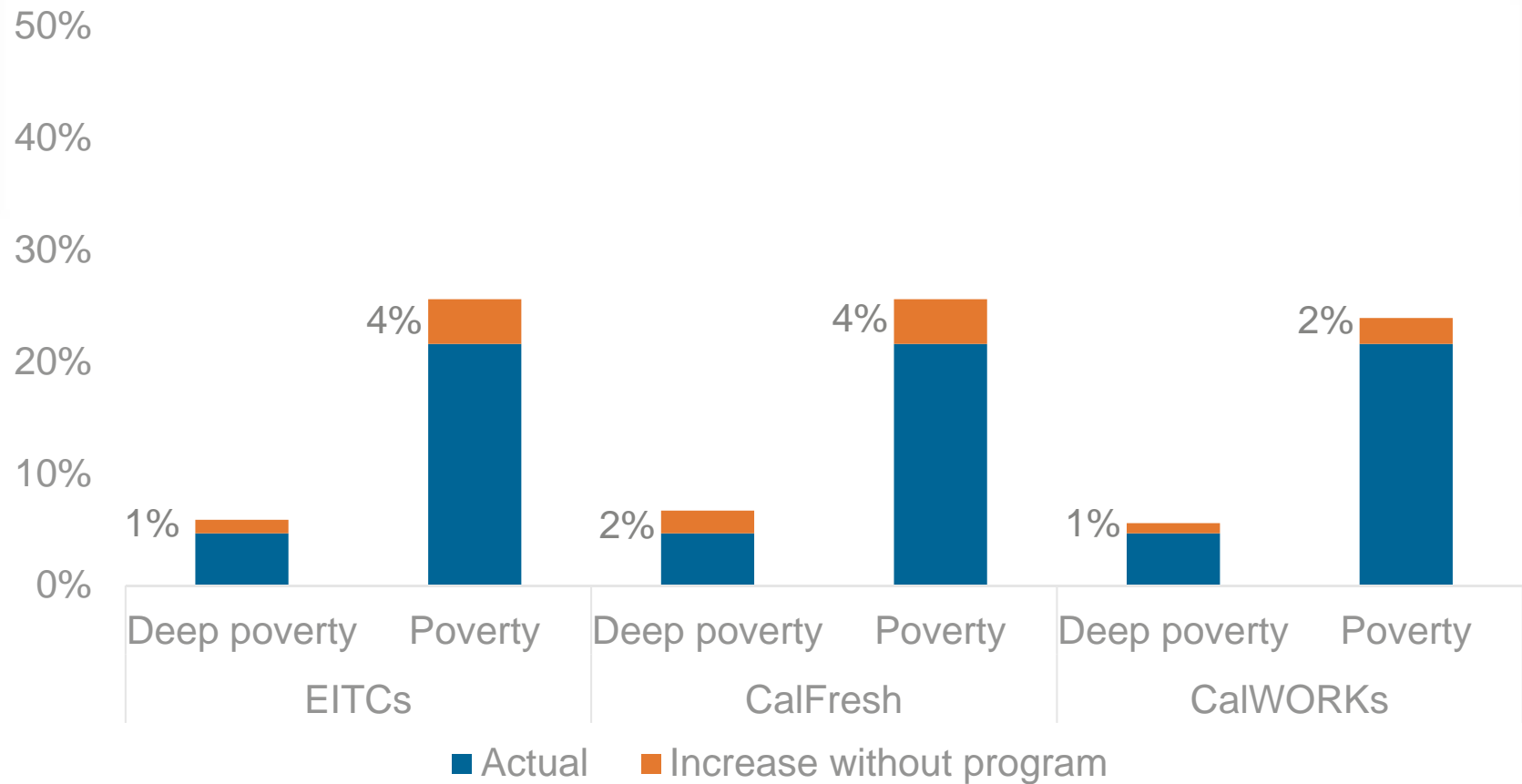
Outline

- California Poverty Measure (CPM) overview
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- How could the social safety net do more?

Without the social safety net, child poverty would be far higher



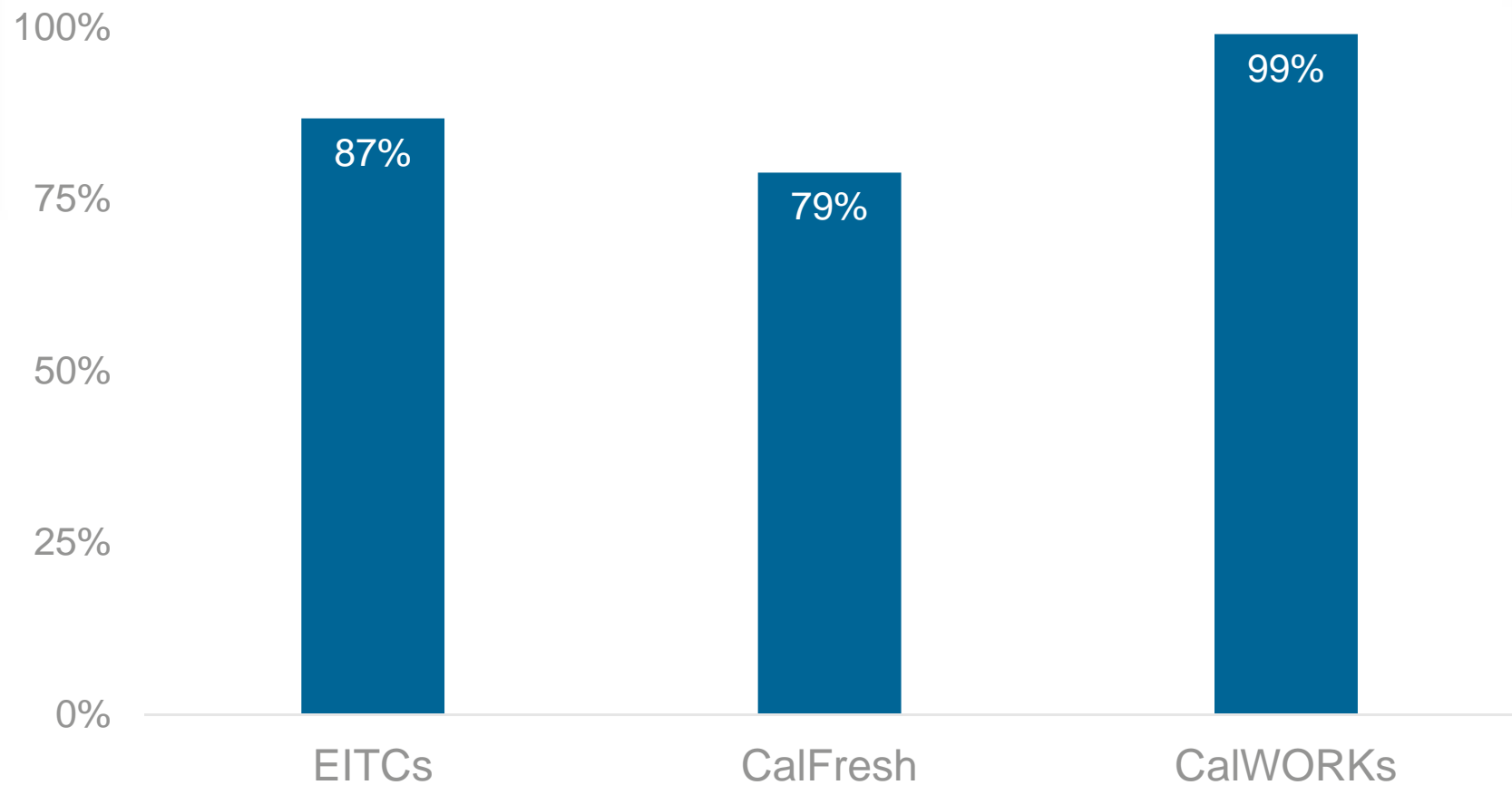
CalFresh and state/federal EITCs lower poverty rates the most, followed by CalWORKs



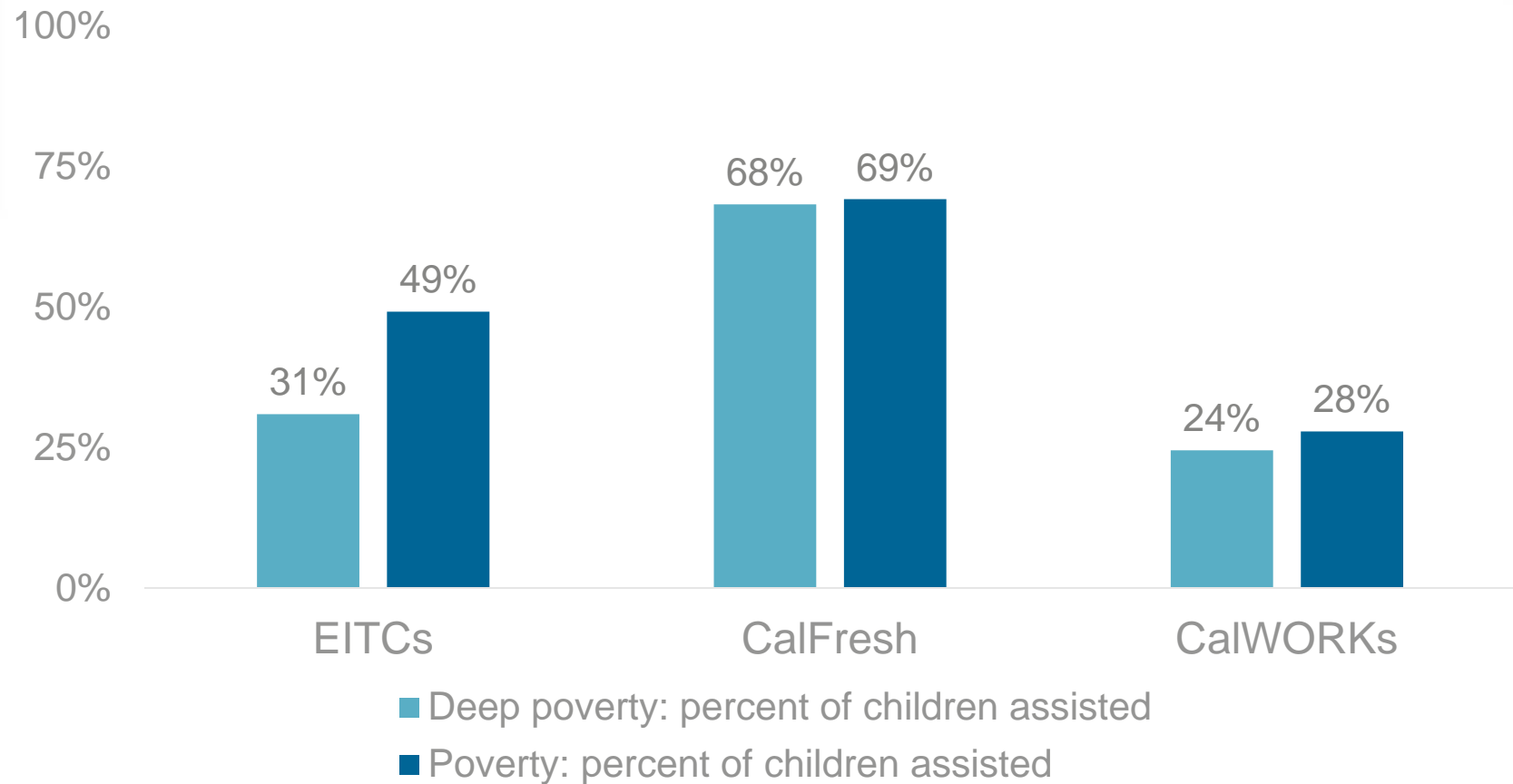
Outline

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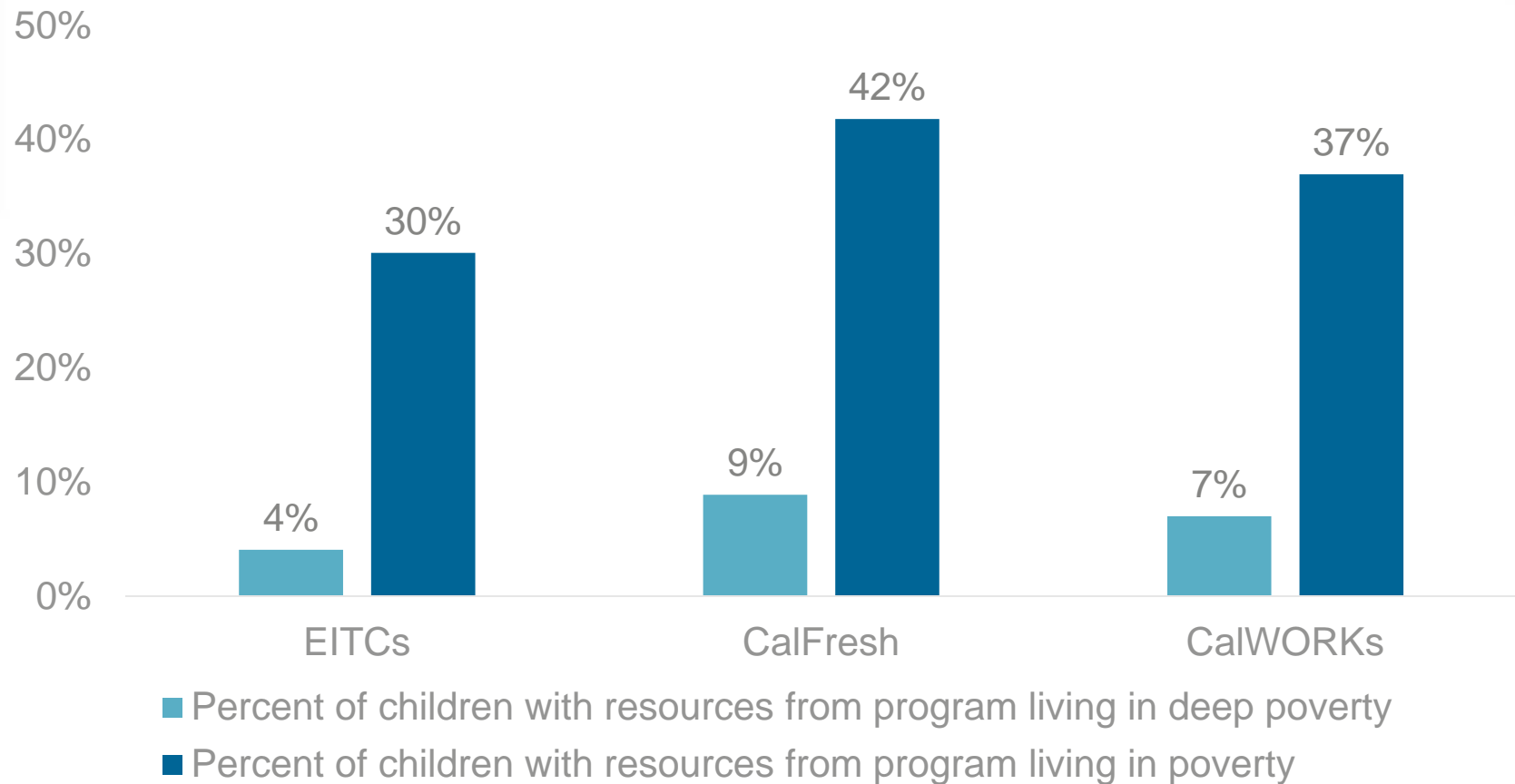
The programs that mitigate poverty do focus funds on families with children



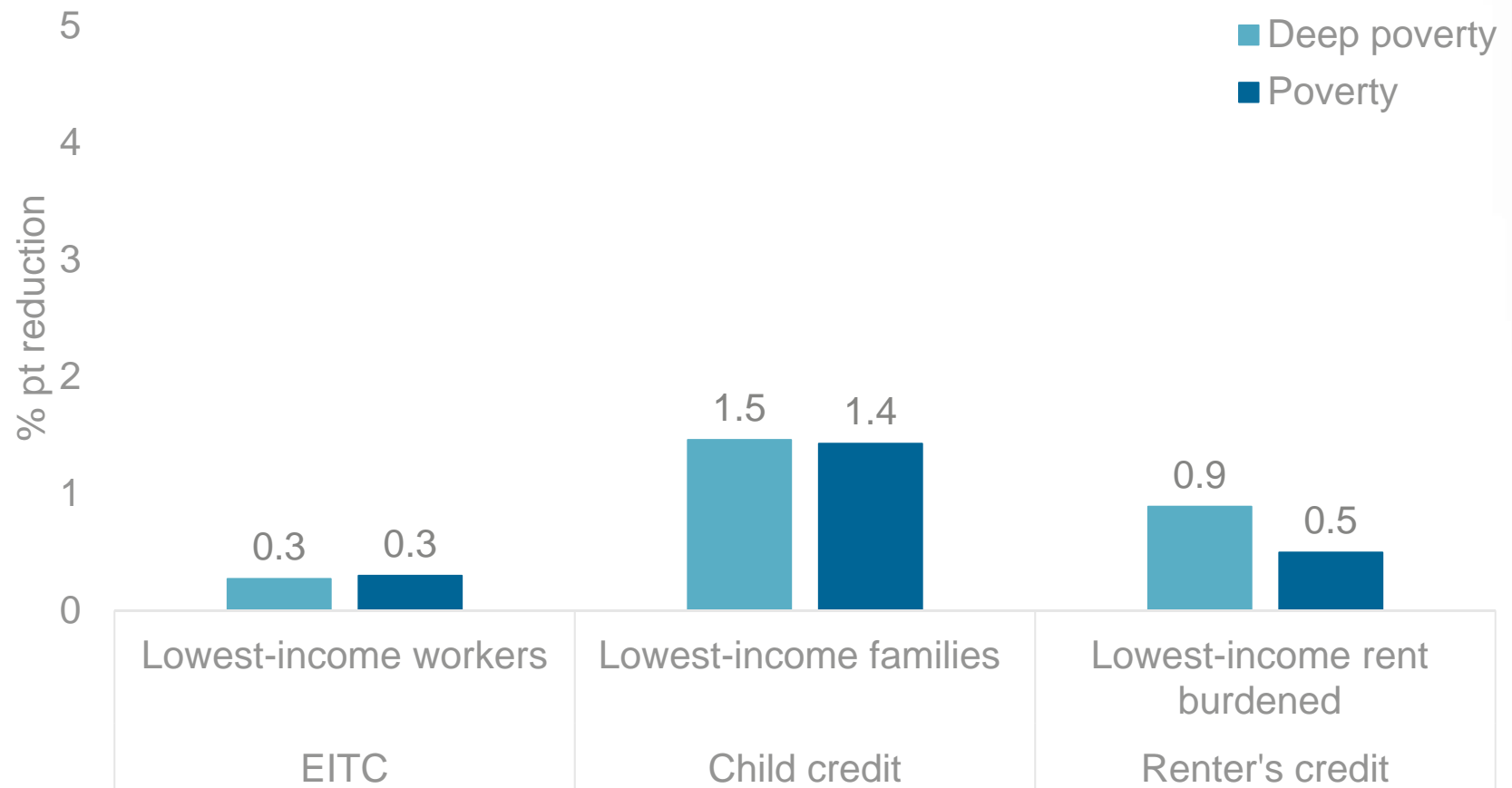
Programs currently assist varying shares of children in need—this could be increased



Many program participants remain in poverty— could consider targeted benefit increases



New programs could also be considered



Notes on the use of these slides

These slides were created to accompany a presentation. They do not include full documentation of sources, data samples, methods, and interpretations. To avoid misinterpretations, please contact:

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Thank you for your interest in this work.

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A Program of  Lucile Packard Foundation
for Children's Health

Understanding and Addressing Childhood Economic Hardships

Child Health, Education and Care Summit
April 12, 2018

Lori Turk-Bicakci, Ph.D.

Lucile Packard Foundation for Children's Health

*Childhood poverty
among mothers who recently gave birth*

Hunger

Rent/mortgage problems

Basic needs not met

Childhood poverty

CPM

Deep poverty

Poverty without social net

Poverty as a foundational part of
childhood adversity

Data as a powerful tool

Regarding your issue or population of concern,

1. What role does poverty have?

2. What data are most compelling to address it?

Bonus points: Develop a concise message that clearly identifies and addresses poverty's role

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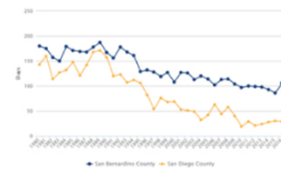
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Questions?

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