

Insights

Taking A Two-Generation Approach to Children's Health

From infancy, children rely on their parents to learn about and cultivate the habits and skills that will ensure their health. Yet parents' abilities to provide this care can be inhibited by many factors, from personal health to environmental circumstances such as their job, community or economic status. And when a parent struggles due to any of these factors, children's health may suffer.



"Higher income families are not left untouched by domestic violence and mental illness. Racism impacts all minority families, regardless of income. All mothers can fall victim to maternal depression... these factors that impact the family influence the overall health of the child and our communities," says NICHQ CEO Scott D. Berns, MD, MPH, FAAP.

Rather than isolate child care from parent care, [a two-generation approach](#) acknowledges their interdependency by addressing the needs of the family holistically. In this interview with Scott D. Berns, MD, MPH, FAAP, President and CEO of the National Institute for Children's Health Quality (NICHQ), we discuss why a two-generation approach is essential for children's health, and how we can use it to drive systems-level change.

To add some additional context, we've also [included a short video](#) from one of our project directors. In it, she shares what it takes to put this approach into action for early childhood initiatives.

Why is a two-generation model so important?

Children's health cannot be addressed in a vacuum. We need to look at it in the context of the family and caregivers and address what is often referred to as the mother-child or parent-child dyad. We need to recognize that the health of one depends on the health of the other, which means the health of both is a priority. Ultimately, when we view our health systems through the holistic lens of a two-generation model, we can be more agile in our approach to children's health.

How does that work when NICHQ's focus is on children's health?

Consider our national [Collaborative Improvement and Innovation Network to Reduce Infant Mortality](#), which, in theory, might have solely focused on the health of the infant. When we look back at the six core strategies we used to help reduce the national infant mortality rate by 5 percent ([read our case study](#)), most focused on the health of the mother or family, such as smoking cessation, birth spacing and addressing social determinants of health. We see that infant health is inextricably tied to maternal health, that we couldn't address one without addressing the other. During this initiative, we made the most of our resources by capitalizing on the inter-reliant relationship between maternal health systems and children's health systems.

Here, Zhandra Levesque, MPH, project director of NICHQ's Early Childhood Comprehensive Systems Collaborative Improvement and Innovation Network (ECCS CoIN) shares why a two-generation approach can have a big impact on early childhood outcomes.

Can you provide a specific example of how to use the two-generation model in practice? What does this look like?

One example is in medical care during infancy. For example, we know that if a mother suffers from maternal depression but never receives appropriate care, the consequences for the infant can be extensive, since infancy is the most valuable time for child brain development. A two-generation model would address this by seeking avenues for pediatricians to incorporate maternal depression screenings into their scheduling, while taking into account the many demands already placed on the provider and developing a system that addresses those demands.

Where are the opportunities to improve two-generation strategies? What do you see as NICHQ's role in this?

Whenever there is a national initiative that tackles a complex children's health issue, leaders and participants should immediately and explicitly make the connection between the parent [or caregiver] and child health. If the key stakeholders on the initiative don't identify the connection and commit to support it, the initiative risks adopting too narrow a gaze that gives precedence to either the mother's or child's health. And when participants lose sight of the larger system that

connects two-generational health, their resources and tactics become divided and less effective. NICHQ's goal, as stakeholders in the health of children and families, is to facilitate open dialogue and interaction, ensuring that the dyad is not forgotten. Public health and healthcare professionals ought to be trained from the outset to recognize the bigger systems picture. We need to have national measures to which we are accountable that directly address two-generation strategies. When we (the big collective we) are explicit about the connections that define our work, we can pursue systems change with intention.

As experts in change management, NICHQ works with community, state and national partners to drive dramatic and sustainable improvements in the complex issues facing children's health. Our consultative approach means forging deeper relationships and building trust at every level. If you are launching a new initiative or feeling stalled in a current one, [contact NICHQ](#) to discuss how we can customize our services to meet your needs and goals.

What role do social policies play? How can they be improved?

Policies have potential intergenerational impact, especially with complex issues like poverty, because policies can provide the parent-child dyad with much needed economic and social support. For example, we see this in our [early childhood systems](#) work. NICHQ's [Early Childhood Comprehensive Systems Collaborative Improvement and Innovation Network](#) is focusing on driving change through policies that help families access those support systems, such as paid parental leave, childcare support and housing subsidies, and unemployment benefits.

However, if we don't understand what is happening on the ground, we risk implementing a policy that is not productive. To counteract this, we need to connect the people on the ground—those working in social programs, as well as families—with those in charge of policy change. Since program workers are directly involved in day-to-day family experiences, they, along with families themselves, best understand the needs and challenges families face. And because of this, they can help guide policy by revealing how those policies are being implemented and exposing what gaps remain.

Who would benefit from a two-generation model?

All families. Until we view children's health through a comprehensive lens that considers social determinants of health on the whole family, our impact remains limited. Higher income families are not left untouched by domestic violence and mental illness. Racism impacts all minority families, regardless of income. All mothers can fall victim to maternal depression. And all of these factors that impact the family influence the overall health of the child and our communities.

As President and CEO of NICHQ, Berns provides strategic direction and leadership of a growing portfolio of initiatives aimed at driving change to improve children's health. He serves as principal investigator on three NICHQ-led multi-million dollar federal projects: the [Early Childhood Comprehensive Systems Collaborative Improvement and Innovation Network](#), the [National Action Partnership to Promote Safe Sleep Improvement and Innovation Network](#) and the [Sickle Cell Disease Treatment Demonstration Program](#). Berns is a nationally recognized expert in quality improvement science in maternal and child health and has published extensively. [Read his full bio](#)

Video music: bensound.com