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Discussion

The moment is now: Strengthening communities and families for the future of our nation

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ABSTRACT

COVID-19 has highlighted the historical lack of investment in the conditions that children need to thrive, and demonstrates how a crisis can exacerbate children’s vulnerability to disease and violence. Exposure to early adversity already affects millions of children across the country and puts them at risk for poor outcomes. With the uncertainty of the pandemic, many more families are struggling and subsequently, more children are at risk for exposure to adversity. Preventing early adversity and promoting the prosperity of our nation requires assuring that all children, regardless of sociodemographic characteristics, have what they need to reach their full health and life potential. Now is the time to address the social and structural conditions that contribute to the inequitable distribution of risk for some families and which contribute to their unequal burden and impacts of adversity, COVID-19, racial injustice, and other health crises. While many look forward to “a return to normal,” returning to normal would be a missed opportunity to learn from our mistakes and ensure a bright future for our nation. We must invest in children and families for the future health of Americans.

1. Introduction

The world is still in the midst of a pandemic. COVID-19 is wreaking havoc across the globe and devastating communities as it spreads. To slow the virus’s spread, countries and states across the U.S. ordered residents to stay home and practice social-distancing while also encouraging and even incentivizing vaccinations. In this sense, we are all experiencing public health in action. Integral to public health, however, is health equity and what a society does collectively to assure the conditions in which all people can be healthy (Institute of Medicine, 1993). As we all experience this public health crisis, we see that disproportionate impacts abound, and children and families are even more vulnerable to the negative conditions that will impact their health now and into the future.

Given the significant stressors parents and caregivers are experiencing in this global pandemic, including social isolation, job loss, and reduced access to concrete supports, many children are at higher risk of experiencing child abuse and neglect (CAN), and other adversities. Unfortunately, as a country, we have never prioritized CAN prevention as a public health imperative. The science of brain development, childhood adversity, and toxic stress demonstrates strong associations between CAN and longer-term health consequences, including changes in physiological development; physical and mental health problems; engagement in health risk behaviors such as smoking and substance use; and premature death (Anda et al., 2006; Bellis et al., 2019; Merrick et al., 2019). Many at increased risk right now are the same children at high risk before the pandemic—children who, because of racism, historical trauma, and other structural or systemic factors, consistently comprise lower income households, lack stable housing, and live in divested communities, and consequently remain the most vulnerable to COVID-19 and the resultant economic fallout. COVID-19 highlights the historical lack of investment in the conditions that children need to thrive, and demonstrates how a crisis can exacerbate children’s vulnerability. While many look forward to “a return to normal,” simply returning to normal would be a missed opportunity to learn from our cross-generational mistakes and ensure a bright future for our nation. Every member of our society, and particularly those who have been privileged by our policies and practices over time, has a role to play in developing or supporting safe, stable, and nurturing environments for all children and families (e.g., Merrick et al., 2019). Herefore the authors use ‘we’ to

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refer to the collective action needed to ensure healthy conditions. We must invest in children and families for the future health of our nation, and now is the time!

We must assure the environments, physical and sociopolitical, in which families live support relationships that promote safety, stability, and nurturance. This is particularly important in the current crisis, but the innovations employed to get families through crises today need to be sustained in what will be a long recovery. We must address the social and structural conditions that contribute to the inequitable distribution of risk that some families experience, and which contribute to their unequal burden and disproportionate impacts of CAN, COVID-19, and other health crises.

2. Social determinants of child well-being

The conditions in which individuals live have profound implications for their lifelong health and well-being. Research has long highlighted the connection between structural and societal conditions and exposure to childhood adversity and violence (Klevens & Metzler, 2019). The COVID-19 pandemic has underscored the inequitable distribution of conditions that promote health. Indeed, the pivot of many employees to remote work and home confinement was certainly smoother for some families than others. While all families are experiencing additional stressors in this uncertain time, many blue-collar and service industry workers cannot work remotely and certainly cannot afford not to work during a pandemic regardless of symptoms, exposure, and risk level. In fact, among those who make up the bottom 10% in earnings, only 31% have access to paid sick leave (Desilvester, 2020), which means that many families have had to choose between disease prevention or forgoing basic concrete needs.

Many households report they struggle with an unexpected $400 expense (Brady, Fullerton, & Cross, 2009). As such, those families finding themselves unexpectedly unemployed do not have the means to support their families during months of economic shutdowns. As we highlight further in the paper, government subsidies rolled out in 2021, but many families had already experienced economic instability for months before payments had been received. The workers at highest risk for job instability before and during the crisis are comprised of women and racial/ethnic minorities who earn less wages than their white, male counterparts, and thus, greater work instability from COVID-19 will further widen the income inequality we see in this country. In addition, daycare closures, schools moving to remote learning, and mandatory quarantines for kids exhibiting systems regardless of testing results have created new child care burdens for mothers and fathers, making it a challenge to hold down a job that does not provide remote options and additional flexibilities. This will contribute to the unequal burden of childhood adversity, as economic instability and parental stress are key risk factors for CAN. Families in deep poverty are also likely to be living in marginalized communities, and measures to mitigate the virus’s spread likely exacerbated their social isolation and lack of access to social supports.

Social determinants of health, such as access to education, nutritious food, and healthcare are crucial to children’s health and well-being. As schools moved to online platforms, the digital divide and inequitable access to education has become even more apparent, as students from low-income and minority families are more likely to report that they cannot complete assignments because they lack reliable access to the internet or a computer (Anderson & Perrin, 2018). Additionally, over 30 million children rely on free or reduced meals at school and many low-income families lack access to nutritious food as they live in neighborhoods without affordable, nutritious foods (i.e., “food deserts”). Pandemic-related labor and distribution shortages have made it even more challenging to get nutritious foods to families who rely on free and reduced lunches and other food assistance programs.

In the midst of a pandemic, the need for universal healthcare could not be more apparent, but unfortunately, over 27 million people in the US remain uninsured (Berchick, Barnett, & Upton, 2019). Healthcare access may be particularly consequential for children of color, as Medicaid expansion has been linked to reduced mortality among Black adolescents (Wherry & Meyer, 2015). Expanded health insurance coverage for low-income children has also been associated with higher levels of education completion (Cohodes, Grossman, Kleiner, & Lovenheim, 2014) and, in adulthood, they pay more in taxes and claim less in tax credits (Brown, Kowalski, & Lurie, 2015). Those without access to internet who cannot utilize telehealth options, and who lack health care coverage are particularly vulnerable during a public health crisis.

Recent events have highlighted the ramifications of racism and continued oppression of communities of color in public health and social crises. Criminal justice policies, particularly regarding drug possession, have led to the mass incarceration of men of color and exacerbated the instability of their children and families. One in every 28 children has a parent behind bars, but for Black children the number is 1 in 9, a rate that has quadrupled in the past 25 years (The Pew Charitable Trusts: Pew Center on the States, 2010). Incarceration can devastate the health and well-being of individuals, their families, their communities, and society at large (Jubitana, 2019). In the current pandemic, outbreaks in prisons have been common and decisions to reduce crowding have resulted in the early release of non-violent offenders. Still, people who have incarceration histories have a harder time acquiring stable housing, employment, and education (London & Myers, 2006; Pager, Western, & Sugie, 2009), which will be even more difficult with business closures and surging unemployment.

COVID-19 has hit communities of color and lower SES the hardest, both in terms of illness severity and deaths (Rossen et al., 2021). Similarly, risk for exposure to CAN is unequal. While all children are at risk, conditions like poverty, racism, and historical trauma keep some children and families at greater risk of experiencing CAN and other public health crises. However, these same conditions also put some children and families at greater risk of unnecessary involvement with punitive systems like child protection because poverty is often confused with neglect (Milner & Kelly, 2020). Indeed, while child protection systems should not remove children because of poverty-related concerns alone, the unfortunate reality is that it happens all too often (Dettlaff et al., 2011; Zlotnick, 2009). Given the pandemic has been accompanied by significant economic shocks, the pandemic may not only lead to increased maltreatment by exacerbating parenting stress, more children may be removed simply because more families are living in poverty as a result of the pandemic’s economic fallout. As such, traumatic intervention will not be necessary if we truly transform how we as a society provide supports and services for families before they find themselves in crisis.

The disproportionate burden of violence experienced by some children and families, primarily those of color, without citizenship, and living in low-income households, is increasingly understood as a major contributor to health inequities in the U.S.; health inequities that are contributing to increased death rates in these same families amidst the current public health crisis. Indeed, conditions like poverty and racism are pre-existing conditions that increase risk of various health problems, and that has been painfully clear with COVID-19. As such, addressing the social and structural determinants that influence the conditions in which families are raising children can point to powerful levers of change that can sustain long-term prevention and health promotion. Prevention strategies that address risk and protective factors that contribute to structural conditions (e.g., federal, state, local, and organizational policies) not only have the potential for large impacts on population health, but also require less individual effort. Policies that promote family well-being (e.g., livable wages, universal healthcare, affordable housing, childcare subsidies) are needed, and to do this effectively, we need to change our national narrative around why people, especially children, struggle.
3. Developing new narratives that are supportive of children and families

There remains a gap between what we know about the consequences of social and economic inequality and what evidence-based solutions we choose to implement. This may be the result of dominant narratives regarding poverty and adversity, which tend to focus on blaming individuals for their hardship, and therefore, believing they are underserving of assistance. Subsequently, policies shown to be effective at lifting people out of poverty are often unpopular and evoke pejorative such as ‘free handouts’, ‘welfare queens’, and ‘nanny states’. These negative tropes reinforce dominant and misleading narratives that can be used to strategically suppress the political will needed to create supportive environments for children and families.

Narratives are stories rooted in shared values and common themes that influence how individuals and groups process information about circumstances and experiences and subsequently guide decisions and actions (or support for actions) (Jenkins, 2018). Narratives surrounding public health issues like CAN (2019). Information on one’s and what is responsible for the problem and how to solve it (Niederdeppe, Bu, Borah, Kindig, & Robert, 2008). Ultimately, narratives help people make sense of their world, and they are powerful tools for garnering support for policies. To move toward adopting the policies proposed below, there needs to be a societal shift in our understanding of why people experience adversity, including poverty. This understanding could lead to a shift in our narratives and ultimately, in greater support for equitable, family-friendly policies.

A dominant narrative in American culture is that individual choices determine an individual’s outcomes (i.e., fallacy of pulling yourself up by the bootstraps). In addition to implicit biases, this narrative leads to blaming individuals for their problems and, thus the default solution is one that is focused on fixing ‘bad’ children and parents. The perception that people in poverty are not trying hard enough and therefore unworthy is deeply engrained in the ethos of the US. These narratives perpetuate ideologies that some lives matter more than others in that there are ‘deserving’ and ‘undeserving’ people in poverty, that sharing resources is not possible, or that we are all on our own. These fallacies are, at their root, the logic of white supremacy whereby hyper-individualism, greed, violence, and fear are used to shape harmful narratives that drive ineffective action in unjust systems, and perpetuate stigma on those seeking help, which reduces the generosity of the public and limits effective implementation of policies that address the conditions children and families need for maximal health and prosperity (Wilson, 1987). For example, in the US, the narrative that individuals are entirely responsible for their outcomes results in people viewing social and economic supports as a welfare system whereby individuals are undeserving of assistance if they are not working for pay. As such, “acceptable” policies almost always come in the form of a tax credit where stipulations are placed on the poor in exchange for aid, requiring that those receiving public assistance demonstrate they are using the support to change their behaviors and choices in a way that lifts them out of poverty (e.g., work requirements, drug testing) (Lindsay, 2004).

Working against lifting people out of poverty are the too common policy restrictions on accruing assets while receiving support. For example, many economic support policies have a benefits cliff, such that small increases in earnings can push people over the eligibility threshold for benefits even though they still need economic support (National Conference of State Legislatures, 2019). In addition, people must pass a savings or resource test where they demonstrate a lack of most assets before they can receive and continue to receive benefits. Lifting one’s self out of poverty requires the accrual of assets so that the next time they are in need they can use their savings versus social supports. Temporary income supports that penalize people for accruing assets is counterproductive to their intent and renders our current policies largely ineffective at actually lifting people out of poverty for the long term (Wilson, 1987). This is vastly different than other developed nations whereby services and economic supports are seen as a necessity to family and child well-being, and are provided more universally (Lindsay, 2004).

In the 1990s, several wealthy nations adopted child tax credits (CTC) to address concerns of increasing child poverty (McCabe & Popp Berman, 2016). In Canada, the discussion regarding CTCs centered on children, whereas in the U.S., the distinction between the taxpayer and welfare recipient overshadowed children. As a result, the “logic of tax relief for taxpayers” was adopted in the U.S., in which “families should be exempt from paying taxes until they have enough income to avoid poverty” and the extent of relief was determined by how many dependents a family was supporting (McCabe & Popp Berman, 2016). Within this logic, providing tax relief to the poorest families is perceived as inappropriate because these families do not have tax liability; alternatively, supplementing the income for working families is perceived as inappropriate because they do not need it. Conversely, in Canada and other countries, the “logic of income supplementation for families with children” dominated, wherein “neither wages nor unemployment benefits take into consideration the fact that some people support dependent children while others do not” (McCabe & Popp Berman, 2016). Under this logic, income supplements are perceived as appropriate because they are tied to family size, not employment or tax liability.

Ultimately, new, transformational narratives are needed to garner support for and sustainability of changes in policies and systems outlined in this paper. Public awareness efforts could improve the public’s understanding of the structural policies (e.g., housing, labor, education policies) and processes that lead to living conditions (e.g., poverty, housing instability, incarceration) that create toxic stress for children, how these conditions affect children’s brain architecture and function, and how ultimately these can impact health, education, employment, income, and future generations. Describing the structural circumstances that contribute to adversity can also promote greater compassion for families. Greater compassion could amount to reductions in pathologizing behavioral patterns caused by structural determinants and increased understanding and support for diagnosing and addressing structural determinants of health. Indeed, studies have shown that communication of societal factors can change the public’s understanding of a problem and increase support for social and economic policies (Barry, Brescoll, & Gollust, 2013; Bostrom, 2004; Niederdeppe, Shapiro, Kim, Bartolo, & Porticella, 2014; Young, Hinnant, & Leshner, 2016). In addition to public health campaigns (a top-down approach), community organizing (a bottom-up approach) is a strategy that can be effective at building community or collective power to change narratives that support local solutions for social and economic conditions contributing to inequitable burdens of injury and disease (Speer et al., 2020).

The pandemic has changed our perception of a “struggling family,” as millions of parents across the country filed unemployment claims and lost reliable income, and provides an opportunity for a less hyper-individualized narrative around well-being. As COVID-19 changes the landscape for families raising children, shifting from a narrative that emphasizes individual responsibility to one normalizing that all families could find themselves in need is necessary to facilitate the type of transformation needed to respond to the impacts of the crisis and strengthen families in recovery. A narrative that encourages connectedness, empathy, utilization of services, and acknowledges the difficulty of child-rearing in the context of structural and social conditions is needed to reduce not only the stigma of help-seeking, but to change the way we view and support families. This is not an individual problem. This is a societal problem, and as such, all sectors need to come together with a shared vision for the health and well-being of our children, and the future prosperity of our nation. New narratives such as these could increase political will to build a new public child and family well-being system that does not return us to the pre-pandemic status quo.
4. Adoption of policies that assure healthy conditions for families

On a societal level, the pandemic has exposed serious flaws in federal, state, and local policies and highlighted the failure of federal and state governments to adequately strengthen supports for American families before crisis occurs. While not comprehensive, the following section discusses critical buckets of policies that should be considered by policymakers for helping families through the crisis and recovery, and in preparation for future crises.

4.1. Workplace policies

Paid family leave provides working parents the ability to spend time away from work caring for their children and themselves without stress related to unemployment or long periods without pay. The ability to take time off work without fear of losing income can reduce the burden of choosing between health and safety and being able to provide for children. In the case of COVID-19, a parent can stay home and reduce their risk of transmitting the disease. Paid leave policies have demonstrated effectiveness at improving child wellness, reducing family and maternal stress and depression (Association of State and Territorial Health Officials). For example, after California passed paid family leave legislation in 2004, the state saw a reduction in rates of pediatric abuse head trauma, the leading cause of fatal child abuse among young children (Klevens, Luo, Xu, Peterson, & Latzman, 2016). Given stay at home orders and guidelines to quarantine among those exposed to COVID-19, our public health response requires universal access to paid leave.

Other critical policies include predictable work schedules and the availability of quality, affordable childcare so parents can work. Flexible and predictable work schedules allow parents to manage work and caregiving responsibilities, including finding reliable childcare. Childcare is increasingly expensive and unaffordable for many families in this country, and costs will surely increase given the large numbers of childcare centers that were forced to close during the pandemic. Most low-income families rely on programs such as Head Start and childcare subsidies to be able to obtain and afford childcare, which benefit both parents and children. For example, parents who receive childcare subsidies are more likely to work standard hours (Press, Fagan, & Laughlin, 2006), work full time (Marshall, Robeson, Tracy, Frye, & Roberts, 2013), and earn more (Ha, 2009). Moreover, the receipt of childcare subsidies has been linked to fewer investigations of abuse and neglect (Yang, Maguire-Jack, Showalter, Kim, & Slack, 2019). While childcare subsidies have been associated with positive outcomes, parents would not need to rely on them if childcare was more affordable and universally available, as is the case in other wealthy nations with more universal childcare policies (e.g., Germany, Norway).

4.2. Income policies

More than a decade of research has shown that anti-poverty policies (e.g., Earned Income Tax Credit [EITC]) are effective at lifting families out of poverty, and are linked to several well-being outcomes (Averett & Wang, 2016; Klevens et al., 2017; Kovski et al., 2021; Rostad, Ports, Tang, & Klevens, 2020). Increasing the generosity of state-level EITCs, the largest anti-poverty program in the United States, has been associated with decreases in reported neglect, particularly among young children (Kovski et al., 2021). State EITC policies have also been linked to fewer abusive head traumas among young children (Klevens et al., 2017) and reductions in foster care entries (Rostad et al., 2020), but only when they are refundable and benefit families with little to no tax liability.

Anti-poverty tax credit policies like the EITC and child tax credit are contingent on employment and operate so that as income rises, the benefits of the policy diminish. Further, a recent report demonstrates the potential for unintended consequences as low-income families who claimed the EITC were more likely to be audited by the Internal Revenue Service and audits were concentrated in areas with a large Black population (Mock, 2019). While tax credits can be helpful, they are only helpful to those within a limited income range, and even then, there are associated risks for taking advantage of that policy. Economic policies need to go above and beyond tax liability, because stronger economic supports for lower income families would not only keep families out of poverty, but would also allow families to save money for times of crises, and perhaps, the current pandemic would not feel so catastrophic for so many.

Raising minimum wages can improve the financial situation of those in poverty, narrow the poverty gap, and break the poverty threshold (Raissian & Bullinger, 2017), yet the federal minimum wage has remained stagnant since 2009. In addition, minimum wages do not always equate to a livable wage. According to economists, families must make $52 k to $156 k to feel financially stable and enjoy the perks of middle-income (Kochhar, 2018). This requires a basic income that in many cities far exceeds $15 an hour. Still, just a $1 increase in the minimum wage has been linked to reductions in neglect reports, and the effect was strongest for young and school-aged children (Raissian & Bullinger, 2017). Of additional importance is that benefit cliffs have not been adjusted to reflect how much families actually need to survive (National Conference on State Legislatures, 2019). As such, earning $15 an hour keeps families in poverty, while excluding them from taking advantage of social supports like SNAP that they still need. Accordingly, policies may be effectively reducing the number of families in poverty, but less so when it comes to conferring the economic security needed in a public health crisis. As such, income policies like basic income and livable wages in addition to efforts to address benefits cliffs are needed so that families are able to live and save for unknown crises.

4.3. Wealth-building policies

The largest contributor to wealth in the U.S. is owning a home (Mitnik & Grusky, 2015), and families of color are far less likely to own homes than their white counterparts, which, accordingly, mirrors racial disparities in wealth. Black families are more likely to rent and live in public housing in smaller homes that may be overcrowded – a setting that makes families particularly vulnerable during an infectious disease outbreak. To understand the increased risk of COVID infection and death in communities of color, it is important to acknowledge the decades of federal policies that reduced their access to homeownership, pushed them to poor quality housing at the margins of communities, and perpetuate the wealth gap that contributes to the health inequities made salient by the pandemic. Further, housing-related concerns (e.g., related to instability, safety, and insecurity) are a common reason for child welfare involvement and the removal of children from their families (Fowler et al., 2013; Zlotnick, 2009). Opportunities for homeownership may be an important means to helping families obtain housing security and build their financial security as they recover from the crisis. Policies to improve homeownership may include inclusionary zoning and other government investments in building and subsidizing housing akin to efforts post World War II. The New Deal provided opportunities for middle-income white families to take advantage of affordable, suburban homes and allowed them to build wealth to recover from the Great Depression (Rothstein, 2017). Similar efforts could be replicated and made available to those families most vulnerable – racial and ethnic minorities. Homeownership can support stability for children (Fowler & Farrell, 2017; Warren & Font, 2015) and help families grow equity—a necessary step towards generational wealth and economic mobility, and may ultimately reduce inequities in children’s exposure to CAN and other ACEs.

Opportunities to build wealth and move up the socioeconomic ladder may also include child savings accounts (CSAs), which aim to improve financial security and capabilities, as well as educational outcomes, for low- and moderate-income families. Although CSAs vary widely in...
design, the intent is to establish a savings account in a child’s name with an initial “seed” deposit from a community organization, private institution, or government. CSAs have been associated with greater savings over time (Butrica, Carasso, Steuerle, & Toopley, 2008), better educational outcomes (Elliott & Beverly, 2011), and have the potential to help children build wealth over their lifetime. CSAs have improved parents’ educational expectations for their children, reduced depression symptoms among mothers, and increased likelihood of attending and graduating college (Markoff, Loya, & Santos, 2018).

4.4. Implementing equitable policies

Hundreds of years of federal and state policies have systematically ensured inequality—income, housing, healthcare, education—and inequitable access to opportunities to better oneself, their families, and future generations. We have designed our systems to penalize poverty, and thereby, race—this is especially salient in child welfare and law enforcement. Neglect is the leading form of child maltreatment (Child Welfare Information Gateway, 2021), but neglect is often used as a guise for poverty (Milner & Kelly, 2020). We understand that neglecting the basic needs of children is harmful; we also understand that removing children from their homes is harmful. And yet we continue to implement solutions that harm children and widen inequalities. Children of color are removed from their homes and communities, and placed in congregate care settings at much higher rates than white children; they also stay longer in those settings, and are less likely to receive the services they need (Roberts, 2002). There is no excuse for a child to wait in the system for more than six months until they find a home, particularly if the only barrier to reunification is a lack of necessary economic and housing supports. At the same time, there is no excuse for a person of color who cannot afford bail to sit in a jail cell for months and even years awaiting trial for a crime that is yet to be adjudicated.

Law enforcement policies that concentrate police in low-income neighborhoods of color, allow stop and frisk, and value law and order above all else have led to the mass incarceration of people of color—greatly diminishing their own access to opportunity upon reentry, and consequently, their children’s. Reentry following incarceration is difficult, but the collateral consequences make it near impossible to better oneself and avoid recidivism. Those convicted of a felony (e.g., marijuana possession) have limited access to employment opportunities as many employers are not willing to hire someone with a criminal record; have limited access to affordable housing as they are not eligible for housing programs, and consequently, may not be able to live with their families upon release; and in most states, do not have the right to vote or the opportunity to participate in civil society (Finzen, 2005). Adding insult to injury, many people of color are convicted of felonies for possession of marijuana, which is now legal in several states and offers a lucrative business opportunity for those without criminal records (Union, 2020).

We must decriminalize poverty. The pandemic and civil unrest have highlighted how socioeconomic and racial disparities—as a result of conditions that inequitably distribute access to opportunity—contribute to gross inequities in burden of disease and violence. As a country, we must intentionally and urgently address segregation and the lack of opportunity for families of color as a result of decades of racist policies. The continued segregation of communities has major implications for the civil unrest of today, as well as the burden of COVID in communities of color. We need policies that help de-segregate neighborhoods, narrow health inequities, and address hostile relations between police and communities of color.

Ultimately, we need policies that change the context for families and mitigate the impacts of the current crisis, including policies that reduce risk for CAN, and strategies to address the disproportionate burden of COVID on communities of color. The inevitable economic devastation for thousands of families requires proactive policies that help them recover and rebuild their financial security to ensure the health and well-being of society. Moving forward, we need to sustain innovations that are found to make the default “choice” a healthy-one.

5. Investing in children today for a more prosperous and equitable tomorrow

The U.S. operates under the assumption that tax cuts to corporations and the wealthy will trickle down to benefit every-one else. In reality, wages have remained stagnant, income inequality has grown exponentially, and opportunities for upward mobility for the lower and middle classes are disappearing. We have also seen “deaths of despair” rise, as deaths attributable to alcohol, drug use, and suicide are increasing (Case & Deaton, 2020). These deaths represent a landscape in the U.S. in which access to resources and opportunities are concentrated at the top, while the struggles associated with financial insecurity increasingly undermine health and contribute to premature death. The pandemic has shed a bright light on the downsides of this type of economy and the policies that uphold it; it is time to declare this is not a viable strategy for a country that aims to ensure the right to “life, liberty, and the pursuit of happiness” to all of its citizens.

The past several months have seen sweeping changes in the policy landscape in the U.S. in response to the pandemic. Indeed, we have never seen this level of generosity in policy and it’s this generosity that has kept many low- and middle-income families from moving (deeper) into poverty. The American Rescue Plan Act (ARP) included major policy changes that greatly benefit families and children, particularly children of color, the most powerful of which were changes to the Child Tax Credit (CTC). The CTC was introduced in 1997 as a nonrefundable tax credit to help offset the costs of raising children, later expanded to be partially refundable for families earning above a certain income threshold (in 2001, $10,000 or more; in 2009, $3,000 or more); in 2018, the amount of the credit was increased from $1000 to $2000 per eligible child, with up to $1400 of the credit refundable. Still, because the credit was partially refundable, it did not reach the families that needed it most as it excluded families with too little earnings to be eligible for the full credit.

The ARP increased the maximum credit to $3600 for every young child (0–6 years) and $3000 for every older child (6–17 years) in the household and made the credit fully refundable so that families with little to no tax liability are eligible for the full credit. These changes to the CTC are projected to cut child poverty by almost half, with larger reductions for Black, Hispanic, and Native American children whose families had previously been excluded from CTC benefits (Center on Poverty and Social Policy, 2021). The ARP CTC also allows families to receive monthly advance payments through December 2021 so they do not have to wait until next year to receive the benefit. Families started to receive payments in July, which have already had significant impacts on their economic well-being, as fewer families reported food insufficiency and difficulty paying their bills after the first CTC payments were issued (U.S. Census Bureau, 2021), and approximately 3.5 million children have been kept out of poverty by both the July and August payments (Parolin & Curran, 2021).

The ARP included several other provisions that have helped families weather the pandemic, including increased funding for housing assistance, the Supplemental Nutrition Assistance Program (SNAP), and childcare. Billions of dollars were allocated to mitigate housing issues related to the pandemic, which included emergency rental assistance, homeowners’ assistance, emergency housing vouchers for families experiencing or at risk for homelessness, and utility assistance. These programs along with state and federal eviction moratoriums are expected to reduce housing insecurity, homelessness, and help families avoid displacement. Given that housing insecurity has been linked to the spread of COVID-19, these programs should also help reduce infection transmission (Benfer et al., 2021). The ARP also included billions of dollars for nutritional assistance, including an extension of the 15% increase in SNAP benefits and investments in the WIC program, to
changes as part of their Build Back Better Plan, it faces considerable permanency argue that the program is too costly and dis-incentivizes roadblocks in a highly polarized political climate. Opponents to CTC expire in 2022. While the Biden administration is trying to extend these changes as part of their Build Back Better Plan, it faces considerable roadblocks in a highly polarized political climate. Opponents to CTC permcanency argue that the program is too costly and dis-incentivizes work. However, the research does not support these arguments. Recent research estimates that a fully refundable CTC of ARP generosity levels allowing for monthly payments would cost around $100 billion, but produce nearly $800 billion in benefits to society through investments in children (Garfinkel, Sarisscany, Ananat, Collyer, & Wimer, 2021). There is also evidence from Canada that a fully refundable CTC could boost employment, not reduce it (Koebel & Schirle, 2016).

Further, it cannot be emphasized enough that this single policy could slash child poverty and drastically narrow race inequities (Center on Poverty and Social Policy, 2021). Accordingly, advocacy efforts should lift up the potential of this investment (in addition to investments in childcare and affordable housing outlined in the Build Back Better Plan) to improve the well-being and health of children, particularly young children and children of color, and reduce their risk for exposure to early adversity, including CAN.

Despite the current political polarization in the U.S., we all have in common the desire for health and well-being for our children, our families, and ourselves. Moreover, people are realizing that the status quo no longer provides a reasonable path towards achieving the ‘American Dream’. As such, advocacy for solutions that improve social and economic conditions for families, such as the expanded CTC under ARPA, should capitalize on our commonalities and message across both sides of the aisle. Developing new, positive narratives and disseminating action-oriented messages that highlight evidence-based policies, empirical facts, and uplift lived experiences are powerful advocacy strategies for garnering widespread support for the types of policies that actually work for American families (FrameWorks Institute, 2004; Speer et al., 2020). When people understand the root causes of poverty and adversity, they can better understand population-level solutions, and they are better equipped to vote for solutions and the change we need to see to ensure a healthier and more prosperous tomorrow. Both public health campaigns and community organizing can bolster the collective power needed to change existing, harmful narratives and advocate for local and national solutions that provide the conditions for all children and their families to thrive.

We need to reimagine a new economy that invests early in children’s lives to prepare the next generation for families that are supportive of health and well-being across the lifespan. In this reimagined economy, universal health promotion is prioritized, and families have what they need to help their children thrive, including economic supports, safe and affordable housing, access to resources, and family friendly work policies. Social distancing can be achievable for all families and will curtail pandemics. CAN will be rare as families will have the necessary resources to meet their children’s basic needs, freeing up bandwidth to attend to children’s social and emotional needs, and parents will have less stress because they will have fewer concerns about their financial security. Promoting supportive conditions for families in their children’s formative years will set children on trajectories to becoming productive adults that contribute to the economy through their employment and ability to purchase goods across the lifespan. And indeed, the research tells us this is so: children who are exposed to less adversity do better in life and are less likely to develop substance use disorders, and are less likely to develop chronic health conditions that can lead to premature death (Merrick et al., 2019; Metzler, Merrick, Klevens, Ports, & Ford, 2017). Ultimately, this contributes to a population that is more resilient in the face of pandemics and economic crisis.

Despite the robust science outlining the critical importance of child well-being, the prioritization of primary prevention efforts to address CAN and other adversities have been severely lacking. By almost every indicator of health and well-being, children in the U.S. are faring worse than children in other developed nations, in large part because we do not invest as much in children and families (Edelman, 2016). The gap between what we know and what we choose to do is alarming. If we invested in the prevention of CAN in the same manner that we invested in preventing infectious disease, cancer, or smoking, we could significantly reduce children’s exposure to CAN, and, consequently, also reduce chronic and infectious disease and other harmful outcomes (Merrick et al., 2019). Importantly, the costs of pandemics to child well-being would be minimized. Communities, states, and the federal government must develop a shared vision – to ensure that all children thrive and reach their full potential. All sectors – government, business, philanthropy, community-based organizations, and faith institutions – have a role to play in primary prevention and promoting well-being. Budgets should reflect a priority on upstream prevention and an investment in children. COVID-19 has exposed that the U.S. does not value the well-being of children and families. But it has also provided an unprecedented opportunity to ensure that, in the future, policies reflect a society that understands that it takes a village to raise a healthy child.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

References

American Civil Liberties Union. (2020). A Tale of Two Countries: Racially Targeted Arrests in the Era of Marijuana Reform. Retrieved from https://www.aclu.org/report/tale-two-countries-racially-targeted-arrests-era-marijuana-reform. Anda, R. F., Felitti, V. J., Bremmer, J. D., Walker, J. D., Whitfield, C., Perry, B. D., … Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. European Archives of Psychiatry and Clinical Neuroscience, 256(3), 174–186. https://doi.org/10.1007/s00406-005-0524-4
Anderson, M., & Perrin, A. (2018). Nearly one-in-five teens can’t always finish their homework because of the digital divide. Washington, D.C.: Pew Research Center. Association of State and Territorial Health Officials. Essentials for Childhood Policy Guide. Retrieved from https://www.astho.org/Prevention/Essentials-for-Childhood-Policy-Guide/.
Averett, S., & Wang, Y. (2016). Effects of Higher EITC Payments on Children’s Health, Quality of Home Environment, and Noncognitive Skills. Public Finance Review, 46(4), 519–557. https://doi.org/10.1177/1071142116654965
Barry, C. L., Brezcoll, V. L., & Gollust, S. E. (2013). Framing childhood obesity: How individualizing the problem affects public support for prevention. Political Psychology, 34(3), 327–349.
Bellis, M. A., Hughes, K. Ford, K., Ramos Rodriguez, G., Sethi, D., & Passmore, J. (2019). Life course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: A systematic review and meta-analysis. The Lancet Public Health, 4(10), e517–e528. https://doi.org/10.1016/s2468-2667(19)30145-8
Bender, E. A., Klawoh, D., Long, M. Y., Walker-Well, E., Pottinger, J. L. Jr., Gronalves, G., & Keene, D. E. (2021). Eviction, Health Inequity, and the Spread of COVID-19: Housing Policy as a Primary Pandemic Mitigation Strategy. Journal of Urban Health, 98(1), 1–12. https://doi.org/10.1007/s11524-020-00502-1
Berchick, E. R., Barnett, J. C., & Upton, R. D. (2019). Health Insurance Coverage in the United States. (2018). Current Population Reports. Washington: D.C.
Yang, M.-Y., Maguire-Jack, K., Showalter, K., Kim, Y. K., & Slack, K. S. (2019). Child care subsidy and child maltreatment. *Child & Family Social Work, 24*(4), 547–554. https://doi.org/10.1111/cfs.12635

Young, R., Hinnant, A., & Leshner, G. (2016). Individual and social determinants of obesity in strategic health messages: Interaction with political ideology. *Health Communication, 31*(7), 903–910.

Zlotnick, C. (2009). What research tells us about the intersecting streams of homelessness and foster care. *American Journal of Orthopsychiatry, 79*(3), 319–325. https://doi.org/10.1037/a0017218