Early childhood is a time of risk and opportunity for healthy brain development and future well-being and success. Early adversity can have lasting effects when a child does not have a responsive adult caregiver to buffer them from stress. This seminar and accompanying briefing report discuss toxic stress and its effects on a child’s developing brain and body. The presenters share evidence-based policy options, including home visiting, and state strategies for addressing childhood adversity and toxic stress.

How does Adversity in Childhood Affect the Developing Brain and Body?
Our early experiences shape us for a lifetime, according to Nathan Fox, Professor of Human Development and Quantitative Methodology at the University of Maryland, and Sarah Enos Watamura, Associate Professor of Psychology at the University of Denver. Prenatal to age 3 is a time of both vulnerability and opportunity, as young children’s brains are being built from the bottom up in response to their environment. Adverse Childhood Experiences (ACEs) – abuse, neglect, and household challenges – can weaken the architecture of the brain and stress the body. This stress can become toxic if the adversities are strong, frequent, and/or prolonged, and children do not have a responsive adult caregiver to buffer these negative experiences. Toxic stress can lead to mental and physical illnesses, learning challenges, economic disadvantages, and even reduced life expectancy.

What Changes Take Place in New Parents’ Brains?
Dr. Watamura notes that new parents also experience changes in their brains that help them become positive and responsive caregivers. These changes may be diminished in parents with depression, a history of toxic stress, or other risk factors, which could lead to poor parenting and unhealthy home environments. Strategic investments in evidence-based programs and policies can support both children and parents during this paired period of major neurobiological change. Two-generation programs (e.g., home visiting) and parenting programs can protect children against toxic stress and improve parents’ skills and well-being. Policymakers might also consider policies that address parental depression, family financial stress, community resources, family leave policies, and family protective factors.

How Prevalent is Childhood Adversity in Wisconsin?
Joshua Mersky, Professor of Social Work at UW–Milwaukee, shares that 57% of Wisconsin adults have endured at least one potentially traumatic ACE. However, 85% of low-income Wisconsin mothers have endured at least one ACE and are three times as likely as the general population to have four or more ACEs. Trauma has intergenerational consequences; it increases parents’ risk of having problems (e.g., mental health challenges) that may impair their ability to care for their children.

What is Home Visiting and Can It Reach More Families?
Home visiting provides intensive, in-home support to vulnerable pregnant women and new parents with the goal of preventing childhood trauma and enhancing parents’ well-being. As of 2018, four evidence-based home visiting programs were being implemented across 31 counties and five tribal regions in Wisconsin.

Scaling up home visiting programs is a challenge because of their long duration and cost. One option is Family Connects, a promising “light touch” home visiting program being implemented in Racine County that
serves all families regardless of income. Nurses conduct at least one home visit to assess the infant and family and create a plan for more intensive services if needed. One study found that the reduction in infant emergency medical care alone returned $3 for every $1 spent on the program, among other promising outcomes.

How is Home Visiting Administered in Wisconsin?
In the report, Charles Morgan, Program Supervisor at the Wisconsin Legislative Fiscal Bureau, reviews the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program and Wisconsin’s Family Foundations Home Visiting (FFHV) program, which receives most of its funding from MIECHV. FFHV provides grants to more than 20 local implementing agencies (e.g., counties, private agencies, and Indian tribes) that offer at least one of four evidence-based programs: Early Head Start-Home Based Option, Healthy Families America, Parents as Teachers, and Nurse-Family Partnership.

What are States Doing to Address Toxic Stress?
Given the abundance of data on ACEs, state policymakers are interested in cost-effective, evidence-based strategies to prevent and mitigate the consequences of toxic stress, according to Meghan McCann, Senior Policy Specialist at the National Conference of State Legislatures (NCSL). Continuous activation of a child’s stress response can interfere with long-term health and well-being, and can lead to increased costs to state health care, education, child welfare, and correctional systems.

In response, states across the country have implemented strategies to prevent or address the impact of ACEs and toxic stress, including expanding health screening and treatment, strengthening family protective factors to increase children’s resilience, and investing in high-quality early childhood education and care. The chapter provided numerous examples of recent legislative activity, including states that have expanded addiction treatment programs for pregnant women and women with young children, and implemented a statewide home visiting system using evidence-based models.

How can Policymakers Help Build Strong Families?
This seminar focused on the risks some Wisconsin families face in raising healthy children. Yet research shows that ACEs can be prevented and adults who have already endured an ACE can thrive with the right support. Policymakers have the opportunity to ask: Which policy decisions strengthen a parent’s ability to buffer their children against toxic stress, reduce external stressors on the family, and help build children’s resilience?

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The briefing report and video/audio of the presentations are available on our website at www.wisfamilyimpact.org

Since 1993, the Wisconsin Family Impact Seminars have connected state policymakers with objective, high-quality research on timely issues such as homelessness, corrections, foster care, and economic development. The seminars aim to (a) support greater use of research in policy decisions; (b) encourage policymakers to examine policies and programs through a family impact lens; and (c) provide neutral, nonpartisan opportunities for legislators to engage in open dialogue and find common ground.

Visit our website (www.wisfamilyimpact.org) for audio and video of more than 100 speakers, 37 briefing reports, and other resources from the seminars. The information in this summary was taken from the presentations and briefing report for the 37th seminar. The full report, as well as the speakers’ presentations, can be downloaded from our website. Hard copies of the report and handouts are available to state legislators at no charge by contacting Heidi Normandin, Director of the Family Impact Seminars, at (608) 263-2353 or hjnorman@wisc.edu.