

# Centre for Science and Policy

## Working Together: Breaking Intergenerational Cycles of Public Health Adversity



Summary report of the discussion held on 18 July 2023

Jesus College, Cambridge

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# Introduction

In July 2023, the [Centre for Science and Policy \(CSaP\)](#), University of Cambridge, organised a Policy Workshop in partnership with the [Cambridge Public Health Interdisciplinary Research Centre \(CPH IRC\)](#). The workshop brought together policy makers (local, regional, and national levels), leading academic experts from the University of Cambridge, as well as other relevant stakeholders, to discuss how academics and policy makers can work together to break intergenerational cycles of public health adversity.

The purpose of the Policy Workshop was to:

- Address key public health policy challenges in this space, such as: How can we break intergenerational cycles of public health adversity to improve population outcomes? How can different sectors work together and with local communities to achieve this?
- Gain insights and collect input to develop a set of recommendations for local, regional or national plans aimed at improving population health.

The Policy Workshop discussion focused on public health in the UK, and covered questions such as:

1. Why does evidence not make it into policy? How can we achieve timely communication of public health messages to policy makers and the public?
2. How do we establish and maintain efficient and durable engagement between researchers and policy makers in the presence of unstable systems?
3. How can communities understand their role in addressing the large inequalities in healthy life expectancy?
4. How can we design public health messaging and communications to ensure equitable access to underserved groups?

Desired outcomes included:

- Productive knowledge exchange facilitated between academic experts and policy makers and other relevant stakeholders.
- Strengthening of existing networks and development of new relationships between CPH and key stakeholders from the research community and policy makers.

- Input collected for CPH to develop recommendations to improve population health in partnership with local, regional and national level stakeholders.
- Identified evidence gaps and opportunities for research and collaboration between CPH and external stakeholders to feed into CPH research plans for 2023 and beyond.
- Inform CPH strategy for the November 2023 CPH Annual Showcase event, by identifying the key mechanisms to target to break perpetuating cycles of public health adversity.

### *Building collaborative foundations for intergenerational public health*

Workshop participants drew attention to the significant societal impact of intergenerational transmission of public health adversity and emphasised the need for targeted policy strategies to address this issue. The opening remarks highlighted that mental illness is now the leading cause of disability globally, and that it has a strong intergenerational component. Amongst adults with serious psychiatric illnesses, 75% were experiencing symptoms before the age of 18, while the probability of experiencing mental health problems is greater if a parent or guardian has also experienced a mental health problem. One participant shared the story of a High Court Judge who had witnessed two generations of the same family, a father and son thirty years apart, coming through the court system with almost identical problems. Struck by the prevalence and significance of these cycles, they stepped away from their position at the Courts to join the Children and Family Court Advisory and Support Service (Cafcass), working directly with families to try and break the transmission of adversity.

Participants highlighted the importance of shifting the debate away from examining family history and genetics as predictors of intergenerational cycles, towards focusing on the role of *environments*, and how these environments shape lived experiences. One participant argued that the role of policy, therefore, should be to improve environments – which in turn can influence genes across generations. Several participants expressed concerns that current policy strategies in this area are relatively light.

The workshop emphasised the need to bridge the gap between policy and research, while also acknowledging the challenges around communicating evidence to decision makers and finding solutions, not just focusing on problems. Participants recognised the need for

collaborative efforts to identify key moments for implementing effective policy strategies that break intergenerational cycles of public health adversity, with one participant stating: *“if we're going to influence societal areas or topics of social significance, we have to work with the policy world, because they fund it!”*

Participants reflected on the importance of creating an environment for change and taking small, persistent steps to make a difference. They acknowledged that progress might be slow, but emphasised the need for time and collaboration with decision makers to address issues and interventions that are not working. Participants stressed the importance of acknowledging uncertainty and the potential for policy changes to have both positive and negative outcomes.

Furthermore, there was an acknowledgement that further work will be required to articulate what “intergenerational transmission” encompasses. Participants acknowledged that outlining a definition and building mutual understanding on this would be a key step in future engagement between academics and policy makers. Participants noted that there would be different perspectives on how intergenerational transmission is defined, which would need to be considered.

Overall, participants recognised the strong commitment from civil servants to making a positive impact in addressing public health challenges and expressed optimism in bringing the policy and research worlds closer together.

## Overcoming challenges and seizing opportunities

### *Lessons from the COVID-19 pandemic*

Workshop participants highlighted valuable insights from the COVID-19 pandemic that could inform policy making to address intergenerational health challenges. One participant acknowledged that the rapid changes which they saw taking place during the COVID-19 pandemic created opportunities to engage with different stakeholders and re-evaluate policy narratives. Another participant suggested the pandemic refreshed the vibrancy of conversations between researchers and the government, emphasising the need for a prevention-focused, collaborative, data-driven approach which may be better aligned with

policy co-production. Participants recognised the need for systematic evaluation to understand the impact of policies effectively. The lack of evaluation during COVID-19's rapid policy implementation emphasised the importance of assessing the effectiveness of interventions to inform future decision-making.

A key lesson learned during the pandemic was the importance of prioritising prevention over merely addressing acute demand. Participants emphasised the need to allocate practical resources to prevention efforts at both local and national levels. One participant suggested that the lens of intergenerational transmission was useful for thinking about a broader policy making, especially in addressing climate change and healthcare systems, stating “...*we need to learn lessons from that in terms of working with communities at that really ground level... we can sit in on a round table and come up with some of these things, but actually we need people with experience*”.

Participants discussed on the importance of community engagement and co-production in policy making, especially in the context of COVID-19. They emphasised the need to move towards more community-led approaches, recognising that one-size-fits-all solutions may not be effective.

Furthermore, participants in the workshop highlighted the power of public engagement in shaping effective policy making during the pandemic. One example of powerful and remarkable communication between researchers and the media was the inclusion of the 0.005% probability of a young person dying from heart problems following the COVID-19 vaccine, which appeared on the front page of the Sun newspaper. This data was linked to Professor John Aston at the University of Cambridge and communicated to the media by Professor Van-Tam. By presenting robust data disproving fears of cardiac arrest from vaccines, engagement with the public through media led to a significant increase in vaccine uptake. This case demonstrated that engaging the public as change agents can generate momentum for impactful policy outcomes.

Participants stressed it was important for policy makers to consider these lessons and prioritise transparent, data-driven communication to address intergenerational health challenges effectively. The workshop emphasised that engaging the public through compelling narratives supported by robust data can be a powerful catalyst for change.

Participants proposed that engaging the public in intergenerational topics could lead to a broader understanding of the challenges faced and help garner support for change.

### *Prioritising young people and children*

The workshop discussions outlined the pressing need to prioritise the well-being of children and young people in policy interventions. The impact of COVID-19 on children and young people considering the trade-offs made during the pandemic when addressing the health issues of different generations was highlighted as a crucial area requiring greater attention and more evidence-based policy making. Participants discussed the current state of knowledge surrounding mental health – particularly in the context of the digital world – concluding that there is still much to learn and understand, and this should be a priority in shaping policies that affect young individuals.

Another key aspect that emerged during the workshop is the importance of recognising intergenerational dynamics within families. The success stories within family units have been somewhat overlooked and participants suggested that the focus should not be solely on negative intergenerational transmission. Understanding the positive intergenerational transmission of physical and mental health could offer valuable insights in promoting well-being and building resilience among younger generations. One participant noted the opportunities to learn from positive transmission, including to help understand what goes wrong.

Moreover, workshop participants stressed the significance of engaging young people in policy discussions and decision-making processes. One participant pointed out that they had witnessed their own children differentiate between evidence based and fake news, and highlighted how young people have more access to and a clearer understanding of information than previous generations. Harnessing the power of the younger generation and listening to their voices can lead to more relevant and effective policies that address their needs and concerns. By doing so, policy makers can pave the way for a better future, ensuring that the well-being of children and young people remains at the heart of policy initiatives. As one participant commented, *“I’m not sure if ever the lobby [of] the youth voice has been so powerfully positioned to shift understanding”*.

One participant suggested considering family dynamics in intergenerational discussions, as interventions often target parents or children in isolation. Leveraging the support and learning within families, even in non-nuclear settings, can bring positive value to public health efforts, emphasising the importance of involving families in policy making.

### *Prevention strategies vs interventions*

Workshop participants discussed the potential and challenges of prevention strategies compared to intervention strategies in addressing public health adversity and breaking intergenerational cycles. One participant stressed that the main factors that affect people's health have not changed much over the past two decades, so unless new research findings come up the main concern is as follows: how can early interventions be done in areas of acute demand?

One participant highlighted that intervention is often expensive and prevention can be more effective in addressing inequality and the perpetuation of adverse health outcomes. However, the political appetite for prevention was noted as being harder to sell than immediate intervention strategies. Public acceptance of prevention strategies can also be challenging, as they may be harder to promote than intervention-focused approaches. Some participants expressed hope for a shift towards prevention, given the increased conversation around it during COVID. One participant noted that some organisations within the UK government are embracing prevention strategies more frequently, including the NHS.

Prevention strategies can have a transformational effect in certain contexts, while in others, the focus may need to be on rethinking approaches to avoid current predicaments in healthcare. It is essential to have a core evidence-based approach with adaptable context-specific implementation, acknowledging that prevention narratives may work differently in various spaces, also depending on the NHS's performance. The need for a cultural shift and better coordination across departments was emphasised as crucial to effectively implement prevention strategies at a wider system level.

The focus on prevention requires considering early influences on later outcomes and engaging relevant voices in policy making. However, several challenges were outlined by participants, including the need to move practical resources into prevention and the difficulty in maintaining interest and funding for long-term approaches.



### *Challenges and strategies for long-term investment and funding*

The challenges and importance of implementing long-term thinking in policy was a thread which ran throughout the discussion. Participants cited the difficulty in framing policies for intergenerational impacts over extended periods and allocating resources for prevention while facing budget constraints, hindering long-term investments that could result in substantial savings. Participants linked this issue to the barriers in promoting prevention over intervention, with “upstream prevention showing in downstream budgets”, costing money now and creating savings in later funding cycles, even 20 to 25 years down the line. This can make it very hard for policy makers to make a business case to ministers to get the upstream funding which works on much shorter cycles and incentivises immediate returns on investment. Another participant drew on their own experience to summarise the issue of funding, reflecting that *“I remember realising if we had a brilliant way where for one million pounds, we could secure a ten million pound a year saving for the next decade, we couldn't afford to do that. [...] it's rebuilding while the plane's flying. And how do you get to spare the resource to do the early intervention that will save you the resource in future?”*

One participant used the example of Alzheimer's treatments to illustrate how long-term investments may not align with short-term savings in government spending. They highlighted how new treatments for Alzheimer's can have a positive economic effect, with lots of savings, but that those savings are seen elsewhere in the system, and not with those implementing the policy. Another participant discussed the examples of reduction in smoking in the UK population to illustrate a positive and successful policy that resulted from long term-thinking in making meaningful changes in public health. They suggested that improvements in government are needed to navigate this issue and to explain and promote the short-term, medium-term, and long-term benefits which appear in different locations and areas of society.

The need for policy makers to act as change agents to ensure policy sustainability, and not just as recipients of evidence, was emphasised by one participant. The struggle in aligning research calls with researchers was stressed, with one participant explaining how *“the researcher then comes in and tries to fit the call, which is very narrow and often doesn't give the researcher any room for creativity or doing things differently... we've had loads of calls where we haven't had anybody submit... And the call isn't changed”*. They expressed

concern that these potential mismatches are leading to missed opportunities for meaningful change. Bridging the gap between academia and the public is essential to understand diverse population needs. Despite attempts to bridge the divide, research is sometimes perceived as disconnected from real-world complexities, requiring a shift in approach and greater community engagement.

## Enhancing evidence and engagement for intergenerational health policy

### *Evidence and policy*

A recurring theme across the discussion was how policy makers should incorporate evidence and academic research into policy decisions. One participant distinguished between three categories of evidence necessary for successful public health policy interventions: evidence of the problem, evidence on how to tackle the problem, and evidence on evaluating the interventions. They argued that in many public health policy areas, there is an abundance of evidence outlining the problem, but very little on how to solve it.

In response, another participant suggested that academics needed to “raise their game”, as often the research is not robust enough to make confident policy recommendations. It was conceded that there is insufficient data on intergenerational transmission, and that it is contingent on variables such as family size, the age at which people become parents, geographical variance, and how involved grandparents and relatives are in family life – and how all of these change across time. It was acknowledged that further work will be required to articulate what encompasses “intergenerational transmission”, and that different perspectives on how it is defined will need to be considered.

It was noted that academia is rarely solutions-orientated, and that it can struggle to jostle for policy makers’ attention amongst the competing voices of lobbyists and the private sector. This fed into a broader discussion on the contrasting time horizons of policy makers and the academic world, with the latter operating at a far slower pace. Several others suggested that researchers usually have a limited understanding of the policy making cycle and the mechanisms used to agree how public money is spent, and that more work needed to be done to “demystify” this process for academics.

Reflecting on why decisive evidence on intergenerational transmission is hard to generate, one participant highlighted that there is limited interest from funders to sponsor research for the required length of time to generate robust results.

Participants also recognised the difficulties of communicating the uncertainty in the research on intergenerational transmission. Converting this “evidence uncertainty” into the coherent stories and narratives required in policy making was acknowledged as a key battle that would need to be overcome to generate public engagement.

Two participants noted that policy makers need better guidance on what to do with evidence, and that policy makers need to have more evidence of solutions that they can bring to ministers. Another participant highlighted the difficulties researchers face in trying to provide policy makers with solutions, stating: *“I think that we have to recognise that the kinds of solutions that we're talking about are policies. And they're not amenable to us. It wouldn't be feasible for someone to come to you and say, I've done this policy, I've made this change, here's my evidence, because we can't do that without you.”*

Despite the imperfection of available evidence, one participant pointed out that policy makers are compelled to make judgements, as not acting often leads to worse outcomes than an imperfect recommendation. An example of this was the public health messaging on eating five fruit and vegetables a day, as while this is a blanket recommendation, when followed it leads to better overall health outcomes. Inertia was acknowledged as unthinkable in addressing intergenerational cycles of adversity, as matters will get worse with inaction. One participant suggested that policy makers need to be bold in using the evidence they do have and try to build the best possible case to move forward.

### *Pilots and experimentation*

One participant stressed the need to be braver in trying out interventions even with weak evidence. The participants discussed whether policy makers should be bolder in conducting experiments, and trialling and piloting long-term studies that would test research on preventing intergenerational cycles of adversity. This approach could simultaneously test the evidence base and incorporate a place-based approach that brings in the needs and voices of individual communities.

The key risk with pilots identified in the workshop is that given the timescales required, it is difficult to maintain political interest, and the debate has usually shifted by the time it comes to evaluate the results. This leads to an inability to evidence and replicate which parts of the policy worked. Others pointed out the failure to build cross-party consensus on policies was a key barrier to setting longer-term goals that span parliaments. One participant also cautioned against “pilot mania”, stating that their preferred solution is to enact policy change on the whole population and evaluate the policy when there is a lack of or weak evidence.

The importance of sustainability in funding and evaluation was emphasised, as well as the need for bolder decision-making to address intergenerational issues effectively. Several participants explained how it is hard in the policy making world to get funding for a project to improve evidence. Usually, they need to provide evidence to make a case for funding. One participant noted that they have had just one instance recently where they were able to secure funds to improve the evidence base.

There was a recognition among some participants that in some cases inertia can lead to negative outcomes or harm, and while evidence-based approaches are valuable, the rapid pace of societal change calls for judgment calls and policy evaluations to prevent harm. One participant cited the sugar tax as an example of an experimental policy that was introduced before it was known what the exact outcome would be. They stressed that *“the business case was built over time with concerted effort and incremental steps that I think was bringing together different types of evidence and different disciplines.”*

### *Balancing lived experiences and evidence*

A key discussion point was whether the conversations around “evidence” and “lived experience” should be had separately, and at different stages in the policy making process. One participant said that these two types of data are often conflated, and that individual experiences can tell a very different story to the overall weight of macro evidence. Including a diverse set of voices and communities should therefore not override the ability to acknowledge the current state of the evidence, no matter how uncertain.

However, others argued that practically, these conversations cannot be separated. It was noted that everyone puts a premium on their own experience, and in particular, politicians'

decisions are framed by the letters and experiences in their constituency mailbag. It was stressed that some communities live very different lives to those who make policy decisions. Several participants suggested that evidence and experience must be considered simultaneously, and that policy makers need to do more to listen and stand next to communities that they are trying to reach.

Integrating lived experiences is not a fast exercise and would require significant time and investment. However, it was noted that embedding lived experience into the research process might allow academics to integrate narratives into the presentation of their work. This would resonate with policy makers, as storytelling plays a powerful role when presenting evidence to decision makers in Whitehall. One participant suggested that this could feature in the formal training of academics.

### *Strengthening community engagement and co-production*

A core theme in the discussion was the need for policy makers to co-produce policy with the communities it affects. As one participant commented, given that policy is evidence-based storytelling, a key question is who gets to tell this story, and how can academia, local authorities and communities be brought together to tell it.

Participants agreed that co-production in developing national policies should extend to involving health providers and local governments, as they have the clearest picture of what works on the ground. Currently, some participants suggested that these conversations happen infrequently, and enhanced collaboration could also lead to greater efficiency in administration. Others reflected on the challenges for national government in place-based policy making, stating that policy makers need more time to absorb local evidence to allow them to win arguments with ministers.

Another participant outlined the importance of both policy makers and researchers going into underserved communities and speaking to marginalised groups such as those with learning disabilities, who often view themselves as *undeserved*. These groups can be reticent to speak with researchers, as they may believe that they are not smart enough or have preconceptions that there is no point in engaging as they will not be listened to. Building partnerships helps to break down these barriers and establish trust, which in turn can steer the research and policy agenda towards what would have the best impact on the ground

and helps to decentralise decision making. It was reaffirmed that members of the public who engage in research projects should be remunerated for their time. However, concerns were raised that remuneration can incentivise participation for the wrong reasons, and lead to poor engagement in the research project.

A further hurdle in achieving co-production is how researchers and policy makers access community voices, as community representatives can be imperfect conduits and often have uneven contact with facets of the communities they represent. One participant relayed that they always ask representatives how recently they engaged with their communities. Others commented that representing groups is inherently difficult when representatives have different lives and experiences from their communities. It was noted that one should never assume they have *the* representative in front of them.

Transparency was acknowledged as essential at every level in the policy making process, as it prevents the public from feeling that policies are being “done to them”. The practice of feeding back to the public when their voice impacts a policy was recognised as a useful tool of enhancing community engagement and combatting disillusionment. Transparency was regarded as especially important in policy areas such as intergenerational transmission of adversity, as where there is uncertainty or evidence then the more voices are required to feed into the policy.

### *Political appetite and policy framing*

Questions were raised over the political appetite for reducing intergenerational transmission of adversity, as a strong evidence base would be ineffective if the public and political agents did not resonate with the policies. Shifting the public consciousness would therefore be key to making sustained improvements over time.

One participant asked whether it would be helpful for CPH to compile a series of research case studies on intergenerational transmission, which might begin to frame the research in narratives useful for policy makers. However, others questioned whether “breaking intergenerational cycles of adversity” was a viable framework for a new policy with popular support, and suggested instead that its components could be addressed in separate policy areas, such as the existing health and wellbeing strategies. It remained uncertain whether intergenerational transmission brings anything new into the policy space, or if it is just

another way of saying “how do we make sure the circumstances you are born into don’t determine where you end up”.

Another participant expressed concern about how policies on intergenerational transmission could be interpreted, as the public might view these cycles as a trap, limiting their belief that they can escape adversity. Any policies should therefore encourage rather than penalise people for taking chances to improve their lives.

## Closing Remarks

The Policy Workshop closed with an invitation to CPH’s Annual Showcase Event scheduled to take part on 7 November, which will build on the insights of the Policy Workshop discussion. Representatives of CPH will be relaying these findings to Professor David Spiegelhalter, a speaker at the event whose research focuses on the public understanding of science and risk. David will draw upon the key topics raised during the Policy Workshop to inform his presentation of CPH’s work, which will not only highlight the evidence of intergenerational cycles of adversity, but also outline *how* these problems can be tackled.