Since 1975, children have been the poorest age group in the United States. Early childhood poverty is a risk factor for decreased academic achievement, lower adult earnings, and poorer health. In 2019, the National Academies of Science, Engineering, and Medicine (NASEM) published a consensus statement with recommendations meant to be a Roadmap to Reducing Child Poverty. NASEM’s strongest recommendations included unconditional cash transfers to poor families.

Elsewhere in JAMA Network Open, Sperber et al published the latest analysis of the Baby’s First Years study, a multiyear intervention comparing mothers and children receiving unconditional high-cash supplements of $333/mo (approximately $4000/y) compared with control mother-child dyads receiving low-cash gifts of $20/mo. In this article, the authors compared maternal assessment of child’s health, sleep, and health care utilization and found no differences between the high-cash and low-cash groups in all 3 years. However, the researchers did find maternal-reported higher child consumption of fresh produce at age 2 years (the only time that was measured).

There are 2 pathways that are theorized leading to better child outcomes. Additional cash can allow parents to buy books, toys, and enriched experiences that improve child outcomes; in addition, having more cash can decrease parental stress, allowing them to spend more time with their children, reading to them, playing with them, and providing a more nurturing relationship.

It is likely that the target outcomes of this analysis were either not related to income or would need a more significant cash gift to make a difference. This is especially true since most families were still living in poverty. For example, the high-cash gift was unlikely to change the access to health care for these children both because of the complex lives of these families which act as a barrier to health care and preexisting public health insurance that these children already qualified for. Therefore, for this group of children who were healthy at birth, differences were unlikely to be found between the high- and low-cash groups regarding health and health care utilization. It is also possible that the health outcomes may require more time to find meaningful differences due to cash supplements.

The one outcome that high-cash gifts impacted was increased consumption of fresh fruits and vegetables. It would be important to qualitatively understand how higher cash supplements encouraged mothers to find more fresh produce in so-called food desserts and take a chance to encourage their young children to consume more fresh produce in spite of concerns about the cost as well as typical feeding problems. Hopefully, the authors will look further into impacts of providing high-cash gifts on nutrition, beyond measures of food insecurity that are less likely to be improved by modest cash supplements.

The underlying goals of the Baby’s First Years study design were improved parenting practices and improved children’s language, cognitive, emotional, and brain development, all potentially leading to improved school readiness and academic performance. While child health and sleep are listed as potential child outcomes in the study design, it is unclear whether those were realistic targets, at least in the first 3 years of the intervention.

The same researchers published 2 other articles that reported on changes in parenting and neurological findings in cases in the Baby’s First Years Study, which align more with the underlying goals of the study. The first of these studies describes how the unconditional high-cash gifts impacted family time and money use during the baby’s first year of life. Families receiving the high-cash gifts increased expenditures on child-oriented items such as toys, books, children’s clothing, and diapers. Furthermore, these expenditures were higher than in the low-cash gift group, and parents also earmarked Baby’s First Year unconditional money for the baby as compared with other...
government benefits. In semistructured interviews, the mothers described the increased time spent with the baby in reading books, play, talking, and telling stories. The increased time spent on learning was a 10% increase per week, which went a considerable way to match the time highly educated mothers spend in teaching their children. Any concerns in certain political circles that poor mothers would use the cash for cigarettes, drugs, alcohol, and personal luxuries rather than for their children were not found, including by reviewing credit card statements in detail.

In the second of these studies, the researchers compared the differences between the high-cash group and the low-cash group regarding electroencephalogram findings across the power spectrum at the end of the first year of life and documented that high-cash infants had higher power in the mid- and high-frequency bands (especially beta and gamma) and slightly lower power in the low-frequency band (theta). This change in brain activity may be displaying a pattern that has been correlated with future cognitive skills. The results of this study are likely related to the first study, in which Gennetian et al showed that mothers in the high-cash group spent more money on their infants and spent more time in early learning activities. These enriched materials and activities would lead to improved early brain development (as found in this second study).

This is not the first publication to evaluate unconditional cash transfers to poor families and measure child outcomes. The Great Smokey Mountain study has shown that unconditional cash transfers to American Indian families due to a casino opening on tribal lands had long-lasting positive impacts on children into adulthood up through ages 25 to 30 years. Of course, the Great Smokey Mountains study is a natural experiment, not a randomized clinical study.

Ultimately, the researchers of the Baby’s First Years study will have to measure child development outcomes and school readiness as well as early learning milestones in mathematics, reading, executive functioning, and self-regulation, to analyze and test the impacts of these unconditional high-cash investments in children in poor families. That is what they intend to do.

A national experiment, although not a randomized clinical trial, could have been pursued if the Reformed Child Tax Credit of 2021 (or Child Allowance) had received continued funding from Congress from 2022 onward. Alas, this was not to be, but advocacy at the federal or state level may reinstate it as a regional or universal benefit.