



The Road to Hardship-Free: Boston Check-Up for Children

All children deserve to have a hardship-free childhood. Children's first years of life are a critical period of rapid brain and body growth, greatly influencing the trajectory for their health and ability to gain the knowledge, education, and skills necessary for obtaining their highest potential. Parents are crucial in the development of this trajectory by providing responsive and loving support of their children. The parents' ability to provide this support and to meet the needs of their children greatly depends upon a family's ability to afford basic necessities such as

food, rent, utilities, medical care and prescription medicines.^{1,2,3,4}

One-quarter of families interviewed by Children's HealthWatch in Boston were hardship-free

Children's HealthWatch researchers interviewed families of young children ages 0-4 during their child's visit to the emergency room at Boston Medical Center between January 2012 and January 2017.

27% of families interviewed by Children's HealthWatch in Boston were hardship-free

Caregivers in hardship-free families were:

250%

more likely to be in good or excellent health

83%

less likely to report depressive symptoms (female caregivers)

Young children in hardship-free families were:

152%

more likely to be in good or excellent health

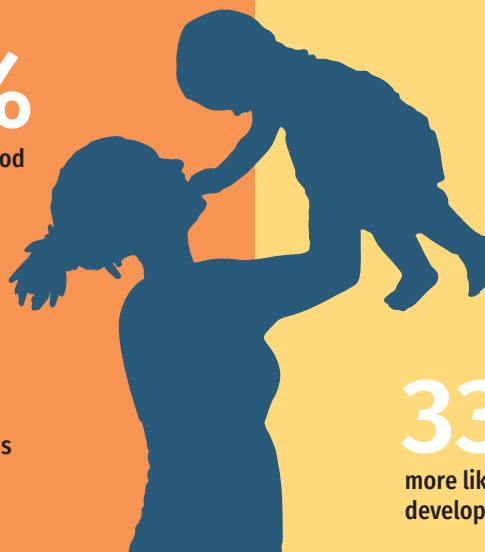
25%

less likely to have been hospitalized since birth

33%

more likely to meet developmental milestones

Data collected: January 2012 - January 2017. All data depicted are compared to families with two or more hardships.



We created a set of social determinants vital signs, composite scores of five separate hardships for this analysis. The hardship scores consist of:



Food Insecurity: When families lack access to enough food for all members to lead active, healthy lives because of insufficient family resources.



Housing Instability: When families experience at least one of the following: being behind on rent in the past year, moving twice or more in the past year, or experiencing homelessness during the child's lifetime.



Energy Insecurity: When families have limited or uncertain access to enough household energy to sustain a healthy and safe life.



Foregone care: When families delay or forgo receiving medical care or filling prescriptions because of cost.



Health cost sacrifices: When families are unable to pay for basic needs because of the cost of medical care or prescription medicines.

Among 4,017 families with low income interviewed in Boston, a sample that may not represent all families and children in Massachusetts, 27% (1,094) were hardship-free, while 24% (964) experienced one hardship, and 49% (1,959) experience two or more hardships.

Children and caregivers in hardship-free families had better health

The relationship between the number of hardships and the impact on children and caregivers' physical and mental health follows a dose-response – as the number of hardships increase, so too do the odds of poor health outcomes. However, being hardship-free is protective for children and their caregivers.

Compared to children in families with one hardship, children in hardship-free families are:

- 19% less likely to have been hospitalized since birth

Childcare Constraints In order for parents to go to work or school, they want to know that their child is well cared for and safe. However, childcare costs can be a significant barrier. Childcare, particularly high-quality, formal childcare, such as childcare centers or preschools, is expensive in Massachusetts. On average the annual cost of infant care in a center was \$20,125 in 2017.⁵ Single parents in Massachusetts spend nearly 70% of their income on child care and a married couple with two children and incomes at the poverty line would have to spend over 100% of their income to afford child care. One-third of families in Boston report the constraints of childcare make working or gaining more education difficult, therefore reducing a family's ability to become hardship-free. Among families interviewed by Children's HealthWatch in Boston, families with more hardships were also more likely to report difficulty working or taking classes due to an inability to afford childcare: 17% of hardship-free families, 29% of families with one hardship, and 43% of families with two hardships experienced childcare constraints.

- 101% more likely to be in good or excellent health
- 47% more likely to meet developmental milestones

Compared to mothers in families with one hardship, mothers in hardship-free families are:

- 70% more likely to be in good or excellent health
- 63% less likely to report depressive symptoms (female caregivers)

Compared to children in families with two or more hardships, children in hardship-free families were:

- 25% less likely to have been hospitalized since birth
- 152% more likely to be in good or excellent health
- 33% more likely to meet developmental milestones

Compared to in families with two or more hardships, mothers in hardship-free families were:

- 250% more likely to be in good or excellent health
- 83% less likely to report depressive symptoms (female caregivers)

Policy Prescriptions

Children thrive when we respond to their realities. Advancing policies that provide opportunities for all families with children to become hardship-free is critical to keeping children and their caregivers healthy. Cross-sector strategies and policy improvements to maximize the number of hardship-free families are within reach in Massachusetts and include:

- **Screening for economic hardships in clinical settings** using validated screening tools including those defined in this report. Given the significant associations between hardships and child and family health, identifying and addressing social needs in health care and community settings is necessary and can be highly cost effective.⁶
- **Creating a common application portal** so that families may apply for MassHealth and SNAP at the same time. This will allow the state to increase access to nutrition assistance, improve food security and health, and generate additional economic activity in the state and local economy as a result of higher SNAP utilization.⁷ Currently, 680,000 people across the state are participating in MassHealth and are therefore likely eligible for but are not participating in SNAP. This has come to be known as the ‘SNAP Gap’. MassHealth and SNAP, as well as many other programs are designed to support low-income families but have separate application processes, which duplicate work for applicants and the state and create more barriers to access.
- **Improving child care subsidies to meet current child care costs.** Currently about 25,000 kids are on waiting lists for Income Eligible Child Care,⁸ limiting parents’ ability to work and find adequate care for their child. Funding for Income Eligible Child Care must be increased to meet demand to maximize the number of hardship free families in

the Commonwealth. In addition, the Child Reserve Fund must also receive increased financial support to properly reimburse child care programs that serve children with child care subsidies.

- **Increasing investment in affordable housing,** in particular by increasing the current funding for the Massachusetts Rental Voucher Program (MRVP) by 125% to adequately meet need. MRVP provides low-income families and individuals rental subsidies, increasing, housing stability and preventing homelessness, however, due to high demand there are currently long wait times and limited openings in the program.
- **Expanding the Healthy Incentives Program (HIP)** by writing the funding into the Commonwealth’s budget and providing funds to meet the demand for a successful program.⁹ HIP allows SNAP participant households to receive a 100% match for produce purchases at farmer markets, increasing their purchasing power and access to healthy foods, all while supporting rural Massachusetts agricultural economies.
- **Increasing the income guidelines and benefit amounts of public assistance programs** in order to end the financial “cliff effects” experienced by participants of public assistance programs.¹⁰ When underemployed recipients of public assistance programs begin to work and earn an increased income, they often experience a disproportionate economic penalty because of the steep decline in their benefit amounts. For example, for wage earners of \$14/hour - \$22/hour working full-time, families typically experience a decrease in financial stability due to loss of their benefits even if their incomes from work are increasing. The loss of benefits is often greater than an income increase.¹¹ “These are known as “cliff effects” and are barriers for families trying to live hardship-free.

How we get to hardship-free

This check-up for children shows that hardship-free children and caregivers are healthier and more likely to thrive. We will create a healthier Massachusetts by making a commitment to prioritize our youngest children. A vision to address hardships must first address the roots of poverty, including low-wages,

barriers to employment, lack of educational opportunities, and discrimination while also improving access to assistance programs that improve health. Improving the social determinants vital signs of families with young children in Boston is necessary for our communities' current and future health and well-being.

About Children's HealthWatch Children's HealthWatch is a nonpartisan network of pediatricians, public health researchers, and children's health and policy experts. Our network is committed to improving children's health in America. We do that by first collecting data in urban hospitals across the country on infants and toddlers from families facing economic hardship. We then analyze and share our findings with academics, legislators, and the public. These efforts help inform public policies and practices that can give all children equal opportunities for healthy, successful lives.

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