Webinar

RX for Healthy Child Development:
Nutritious, Affordable Food Promotes Health and Economic Stability for Boston Families

April 16, 2014
Agenda

• Introduction
• Context
• Research Findings
• Witnesses to Hunger
• Policy Implications
• Policy Solutions
Welcome

Stephanie Ettinger de Cuba, MPH
Research and Policy Director, Children’s HealthWatch
About Children’s HealthWatch

• Non-partisan, pediatric research and policy center
• Improve health and development of young children by informing policies that address/alleviate economic hardships:
  • Housing
  • Food
  • Energy
• Inform public policies and practices to give all children equal opportunities for healthy, successful lives
• Analyze and share findings with academics, legislators, and public
Setting the Context

Food Insecurity Continues to Rise Among Boston Families

In a sample of more than 5,000 families with children under age four receiving care at Boston Medical Center between 2006 and 2012, Children’s HealthWatch found:
Research Findings

John T. Cook, PhD, MAEd

- Principal Investigator, Children’s HealthWatch
- Associate Professor, Department of Pediatrics at Boston University School of Medicine
Food insecurity oftentimes does not happen in isolation – it also frequently means difficulty paying for rent, utilities and other needs, like health care and child care costs.
Research Findings

Mothers in Boston who experience food insecurity are:
• Nearly three times as likely to experience symptoms of maternal depression
• Two-and-a-half times as likely to be in fair or poor health

Children in Boston who experience food insecurity are:
• Twice as likely to be at risk for developmental delays
• Twice as likely to be in fair or poor health

Figure 3: Food-insecure Boston families are at significantly higher risk of fair/poor maternal and child health.

Maternal Depressive Symptoms
Maternal Fair/Poor Health
Child Development Delays
Child Fair/Poor Health

Increased risk of negative health outcomes

Source: Children’s HealthWatch Data, 2006-2012. All increases statistically significant at p<0.05
Research Findings

Mothers in food-insecure families that receive SNAP are:
• 122 percent less likely to experience symptoms of maternal depression
• 14 percent less likely to be in fair/poor health

Children in food-insecure families that receive SNAP are:
• 16 percent less likely to be at risk for developmental delays
• 12 percent less likely to be in fair/poor health
A Witness to Hunger:

The women and men of Witnesses to Hunger are the true experts on hunger and poverty.

“Actually, I got a compliment yesterday: ‘You look like you’re losing weight.’ I said ‘thank you.’ I didn’t want to tell them I’m not eating like I’m supposed to. Like, yesterday, my kids asked, ‘Mommy, you going to eat something?’ I said, ‘No, you guys just go ahead and eat. Just go ahead. I’m not hungry,’ and I’ll just go to bed, and call it a day. I’ll think, the seventh is right around the corner, one more day until I can buy more food.

- Bonita C., Boston Witness to Hunger

“I filed for disability for my daughter...so once I do that, then a lot of things will change. They will take my food stamps away. So it’s like I can’t win. They give me the help with her, but at the same time, they’re taking food out of my house.

- Shaunte B., Witness to Hunger
Bonita C.
Boston Witness to Hunger
Policy Implications

Access:
Optimize effectiveness of SNAP benefits for eligible families

Stability:
Provide sufficient housing subsidies and cash assistance grants to stabilize family well-being

Economic Mobility:
Reward work and foster mobility by increasing the minimum wage and encouraging employers to pay a living wage

“Hunger doesn’t just affect a single child, it affects a whole community.”
Dr. Megan Sandel,
Children’s HealthWatch Principal Investigator
Policy Solutions

• Patricia Baker
  – Senior Policy Advocate, Massachusetts Law Reform Institute (MLRI)
Policy Options to Boost SNAP Outreach for Families with Children

• Combined SNAP and MassHealth application process
  – Re-link SNAP to on-line application portal
  – Maximize options for “integrated eligibility”

• Directed outreach to MassHealth families not currently getting SNAP
## MONTHLY CUT IN SNAP BENEFIT BY HOUSEHOLD SIZE

<table>
<thead>
<tr>
<th>HH Size</th>
<th>Reduction in SNAP - Nov 2013</th>
<th>Max. SNAP benefit (as of Nov 2013)</th>
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<tbody>
<tr>
<td>1 person</td>
<td>-$11</td>
<td>$189</td>
</tr>
<tr>
<td>2 persons</td>
<td>-$20</td>
<td>$347</td>
</tr>
<tr>
<td>3 persons</td>
<td>-$29</td>
<td>$497</td>
</tr>
<tr>
<td>4 persons</td>
<td>-$36</td>
<td>$632</td>
</tr>
<tr>
<td>5 persons</td>
<td>-$43</td>
<td>$750</td>
</tr>
<tr>
<td>6 persons</td>
<td>-$52</td>
<td>$900</td>
</tr>
</tbody>
</table>

1 or 2 person households currently receiving the min benefit of $16 will now receive $15 – a reduction of $1
Policy Options to Boost SNAP Benefit Value post ARRA cuts

• Robust screening for underutilized income deductions:
  • **Child care costs** for parents in work, training or job search. Cost include day care co-pays, babysitting, after school, summer camps, Boys/Girls clubs,
  • **Medical expenses > $35/mo** for families with disabled child, disabled adult, person age 60+
    – Public or private travel-related costs for both deductions allowed
SNAP for Family of 3 – With and Without Child Care Costs (Gross Monthly Income at % of Fed Poverty Levels)
Policy Solutions

• Deborah Harris
  – Staff Attorney, Massachusetts Law Reform Institute (MLRI)
DRAMATIC Drop in MA TANF Caseload

Source: MA Department of Transitional Assistance
Projected “savings” from caseload drop

- FY 14 appropriation (7/1/13) $300 million
- Governor’s proposed FY 15 budget
  - (1/22/14) vs. FY 14 -$38 million
- House Ways and Means proposed
  - FY 15 budget (4/9/14) vs. FY 14 -$50 million
Grants have lost nearly half their value
Grants pay barely 1/3 of poverty level

**TAFDC Cash Grant Pays Only 37% of Poverty**

- 2014 Poverty Level for 3: $1,649
- Maximum TAFDC Grant for 3: $618

MLRI
Massachusetts Law Reform Institute
Level-funding

- Level-funding vs. “new” money
- 15% increase (about $70/month on average)
- Positive campaign
- “Business case” for level-funding
- 50 co-sponsors on House budget amendment
Policy Solutions

Ruthie Liberman, MPA

– Vice President of Public Policy, Crittenton Women’s Union
Education & training are essential to self-sufficiency

Mass has divested in education and training for the poor
Education & Training

• Reverse the cuts to the TAFDC education & training (Employment Services Program)

  – Workers with a high school diploma or less are 2.5 times more likely to be unemployed.

  – Mass ranks 44th in percent of welfare recipients enrolled in education or training.
Rental Assistance

• Fund the Massachusetts Rental Voucher Program (MRVP) at $87.5 million to preserve 7,000+ homes that currently receive vouchers and create approximately 3,000 new vouchers for individuals and families

  - 229,600 Massachusetts renters pay more than 50% of their monthly income for housing.

  - The median income of this group is $1,300 per month. With the median cost of housing at $1,170, this leaves just $130 per month for food, transportation, and other necessities.
Minimum Wage

• Increase the minimum wage to at least $10.50 and index it to inflation

  – Minimum wage workers earn $16,000 per year. This is $14,000 less than a single person needs to support herself in Boston.

  – 1 in 4 workers earning $10 per hour or less is a parent.
Thank you!
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Tamara S., Boston Witness to Hunger