



The Road to Hardship-Free: Baltimore 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}

Almost half of families interviewed by Children's HealthWatch in Baltimore were hardship-free

Children's HealthWatch researchers interviewed a cross-section of families of young children ages 0-4 during their child's primary care appointment or visit to the emergency room at the University of Maryland Medical Center between January 2012 and January 2017.

45% of families interviewed by Children's HealthWatch in Baltimore were hardship-free

Caregivers in hardship-free families were:

175%

more likely to be in good or excellent health

82%

less likely to report depressive symptoms (female caregivers)

Young children in hardship-free families were:

93%

more likely to be in good or excellent health

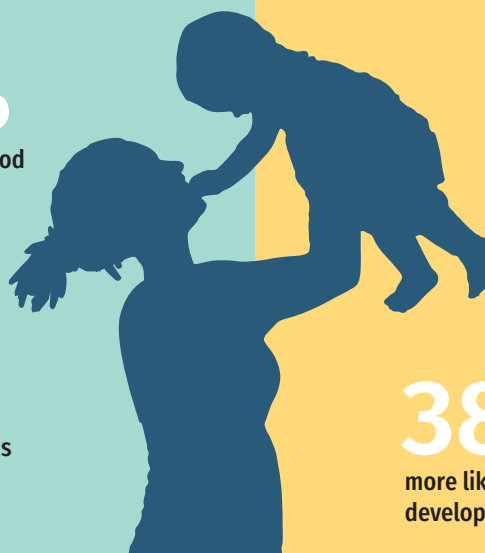
25%

less likely to have been hospitalized since birth

38%

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 3,757 families with low incomes interviewed, a sample that may not represent all families and children in Maryland, 45% (1,686) were hardship-free, while 26% (977) experienced one hardship, and 29% (1,094) 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 young children in families with one hardship, young children in hardship-free families were:

- 53% more likely to be in good or excellent health

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 Maryland. On average the annual cost of infant care in a center was \$14,726 in 2017.⁵ One-quarter of families in Baltimore 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 Baltimore, families with more hardships were also more likely to report difficulty working or taking classes due to an inability to afford childcare: 15% of hardship-free families, 26% of families with one hardship, and 41% of families with two hardships (more than double the hardship-free group percent), experienced childcare constraints.

- 35% more likely to meet developmental milestones

Compared to caregivers in families with one hardship, caregivers in hardship-free families were:

- 87% more likely to be in good or excellent health
- 63% less likely to report depressive symptoms (female caregivers)

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

- 25% less likely to have been hospitalized since birth
- 93% more likely to be in good or excellent health
- 38% more likely to meet developmental milestones

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

- 175% more likely to be in good or excellent health
- 82% less likely to report depressive symptoms (female caregivers)

Policy Prescriptions

Children thrive when we respond to their realities. Advancing policies and strategies that provide opportunities for all families with children to become hardship-free is critical to keeping children, their caregivers, and entire communities healthy. Cross-sector strategies and policy improvements to reduce economic hardships are within reach in Maryland. They 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 and connecting people to assistance in health care and community settings is necessary and can be highly cost effective.⁶
- **Raising the minimum wage to \$15 per hour.** One in three working families across the state struggle to make ends meet on wages as low as \$9.25 per hour.⁷ If Maryland increased the minimum wage to \$15 per hour, 273,000 children across the state would benefit from higher family incomes improving their ability to afford food, housing, utilities, and health care.⁸
- **Increasing investment in affordable housing.** Currently, nearly three-quarters of renters in Maryland with extremely low incomes (households with incomes less than 30% of the area median income) pay more than 50% of their income on rent, a condition known as being severely rent burdened.⁹ This often results in housing instability, a known risk to children's health and family well-being.¹
- **Increasing the number of families enrolled in WIC.** The Special Supplemental Program for Women, Infants and Children (WIC) serves an estimated 63.5 % of eligible women, infants, and young children in Maryland. Increasing WIC enrollment will enable thousands of eligible women and children in Maryland to receive the nutrition they need for healthy growth and development.
- **Increasing the number of "hunger free schools."** 242 of Maryland's schools participate in the federally funded community eligibility program to provide free breakfast and lunch to over 100,000 students. Increasing school participation will ensure that more students receive the nutrition they need to learn and their families have increased resources to afford food at home.

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 Maryland 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 Baltimore 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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