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5/20/2026

Joint Committee on Community Development and Small Businesses

The Honorable Andres X. Vargas, Chair
State House, Room 26
Boston, MA, 02133

The Honorable Adam Gómez, Chair
State House, Room 312-E
Boston, MA, 02133

RE: Testimony in support of the ENOUGH Act (S.3022/H.5187):

Chair Vargas, Chair Gómez, and distinguished members of the Joint Committee on Community Development and Small Businesses:

Thank you for the opportunity to submit testimony on behalf of Children's HealthWatch in support of the ENOUGH Act (S.3022/H.5187), filed by Senator DiDomenico, Representative Lipper-Garabedian, and Representative Cabral. As a network of pediatricians, public health researchers, and policy experts, we know investing in children today sets entire communities up for success in the future. The ENOUGH Act is an evidence-based approach to reducing intergenerational poverty in Massachusetts by investing in community-driven, place-based strategies and initiatives. **We respectfully request the Committee to report this bill out favorably and robustly fund programs that will foster economic mobility led by and for communities who have been most harmed by disinvestment, structural racism and discrimination.**

Children's HealthWatch seeks to achieve health equity for young children and their families by advancing research to transform policy. We accomplish this mission by interviewing caregivers of young children accessing care in emergency departments and primary care clinics in four cities: Boston, MA; Minneapolis, MN; Little Rock, AR; and Philadelphia, PA and sharing our findings with policymakers, researchers, and the public, in order to drive evidence-based policy change. Headquartered at Boston Medical Center, since 1998, we have interviewed over 80,000 caregivers and analyzed data from those interviews to determine the impact of public policies on the health and development of young children and their families' well-being.

The ENOUGH Act would support community-driven, community-led strategies aimed at reducing intergenerational poverty in Massachusetts. Modeled after an initiative by the same name in Maryland, this approach would establish a dedicated, non-lapsing fund administered by the Executive Office of Housing and Livable Communities (EOHLC)

that can receive investment from state appropriations, bond proceeds, interest, and philanthropy to provide grants to communities to design and implement place-based strategies to reduce poverty, and advance opportunities from cradle to career, including health, economic, and educational opportunities.

The ENOUGH Act would differ from other anti-poverty efforts in that it would fund cross-sector priorities and solutions identified by and from the community itself, opposed to those proposed by foundations, government, or outside think tanks. This place-based, community driven approach recognizes that people who experience the systemic failures that lead to poverty are those in the best position to identify solutions. Additionally, this model also utilizes a holistic, wraparound approach, recognizing that the effects of poverty are multidimensional and intersectional, impacting children and families' economic, social, and psychological well-being.

Organizations that use a place-based, community driven approach, including Harlem Children's Zone, respond, reflect, and act in accordance with what they see and hear within their communities in real-time. Engaging in this process means that the programs offered remain of greatest relevance to those who may need support.¹ Through program evaluation studies, this model has shown to be effective at improving school readiness, graduation rates, and health outcomes among communities most affected by poverty. Notably, these positive outcomes have been **sustained beyond participating in the intervention**, suggesting the approach has the potential to improve health and educational outcomes in the long-term.^{2, 3, 4} The ENOUGH Act follows this model and would provide local organizations with the financial resources they need to support and scale evidence-based interventions to reduce poverty.

Poverty Harms Children's Health, but Poverty is Not Inevitable

Poverty is the result of intentional, harmful policy decisions, fueled by structural racism and other forms of discrimination, which have resulted in decades of under-investment. As a result, many families are restricted to jobs that pay inadequate wages with unpredictable hours and limited or no benefits. Combined with rising costs of living, their income may not be sufficient to cover essential needs, perpetuating cycles of poverty

¹ Harlem Children's Zone. Our Approach. <https://hcz.org/our-purpose/our-approach/>

² Bleeker, M., Mabli, J., Paxton, N., Keith, R. The Impact of Healthy Harlem on the Body Mass Index and Weight Status of Adolescents after Two and Three Years. Mathematica Policy Research. <https://www.mathematica.org/publications/the-impact-of-healthy-harlem-on-the-body-mass-index-and-weight-status-of-adolescents-after-two>

³ Harlem Children's Zone. Harlem Gems. <https://hcz.org/our-programs/harlem-gems/>

⁴ McCarthy, K. and Jean-Louis, B. Harlem Children's Zone. Friends of Evidence Case Study. <https://cssp.org/wp-content/uploads/2025/03/Harlem-Childrens-Zone.pdf>

and wealth exclusion.⁵ Decades of research has established poverty as the single largest Social Determinant of Health, or a factor that shapes health outcomes.^{6, 7, 8} Due to critical windows of growth and development, poverty is particularly consequential if experienced in childhood.^{9, 10, 11} Experiencing poverty in childhood negatively impacts health across the lifespan, increasing risks of infant mortality, impaired cognitive and socioemotional development, chronic disease, and reduced academic readiness - all affecting children's long-term health, educational attainment, and future economic stability.¹² The longer a person experiences poverty, the higher their risk of negative health outcomes later in life.¹³

In 2024, 9.7% of people and 11.1% of children in Massachusetts were living in poverty.¹⁴ We see the impacts of this in our clinics, as families with limited budgets are forced to choose between paying for basic needs like rent, food, or health care. Our research consistently shows that when families cannot afford basic needs, children suffer lasting health consequences, and that poverty increases children's risk for negative cognitive, academic, and health outcomes that persist throughout their lives.^{15, 16, 17}

⁵ McArdle N, Acevedo-Garcia D. Modern Day Redlining: How contemporary policies and practices continue to deny equitable access to opportunities. Diversity Data Kids. October 30, 2023. <https://www.diversitydatakids.org/research-library/blog/modern-day-redlining>

⁶ AAP Council on Community Pediatrics. Poverty and Child Health in the United States. *Pediatrics*. 2016;137(4):1-9. doi:e20160339

⁷ U.S. Centers for Disease Control and Prevention. Social Determinants of Health (SDOH). [cdc.gov](https://www.cdc.gov/about/priorities/why-is-addressing-sdoh-important). 2024. <https://www.cdc.gov/about/priorities/why-is-addressing-sdoh-important>

⁸ World Health Organization. Social Determinants of Health. Health Topics. 2025. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

⁹ AAP Council on Community Pediatrics. Poverty and Child Health in the United States. 2016.

¹⁰ Chaudry A, Wimer C. Poverty is Not Just an Indicator: The Relationship Between Income, Poverty, and Child Well-Being. *Acad Pediatr*. 2016;16(3):S23-S29. doi:10.1016/j.acap.2015.12.010

¹¹ Duncan GJ, Magnuson K. The Long Reach of Early Childhood Poverty. Center on the Developing Child, Harvard University https://inequality.stanford.edu/sites/default/files/media/_media/pdf/pathways/winter_2011/PathwaysWinter11_Duncan.pdf

¹² Duncan, Magnuson. The Long Reach of Early Childhood Poverty. Center on the Developing Child,

¹³ McDonough P, Sacker A, Wiggins RD. Time on my side? Life course trajectories of poverty and health. *Soc Sci Med*. 2005;61(8):1795-1808. doi:10.1016/j.socscimed.2005.03.021

¹⁴ United States Census Bureau. 2024 American Community Survey 1-Year Estimates - Massachusetts. <https://data.census.gov/profile/Massachusetts?q=040XX00US25#income-and-poverty>

¹⁵ Cutts, D., Ettinger de Cuba, S., Bovell-Ammon, A, et al. Eviction and Household Health and Hardships in Families With Very Young Children. *Pediatrics*. 2022;150(4):e2022056692

¹⁶ Parker, M., Ettinger de Cuba, S., Rateau, L. et al. Associations of household unmet basic needs and health outcomes among very low birth weight children. *J Perinatol* 43, 364–370 (2023). <https://doi.org/10.1038/s41372-023-01626-3>

¹⁷ Drennen, C., Coleman, S., Ettinger de Cuba, S, et al. Food Insecurity, Health, and Development in Children Under Age Four Years. *Pediatrics*. 2019;144(4):e20190824

Conversely, when families are free of hardships, they can meet their basic needs and get closer to holistic well-being.¹⁸ Children's HealthWatch has demonstrated that among young children and families that did not experience one of four key material hardships, child and family health outcomes were significantly better than both families who experienced just one hardship, as well as families who experienced two or more hardships. This pattern is called a dose response - i.e. as the 'dose' increases, so does the risk – or in this case, the protection from harms. These results underscore the value of building solutions across sectors because the hardships studied included food insecurity, housing instability, healthcare hardships, as well as energy insecurity (i.e. difficulty affording utilities). These results **demonstrate the importance of community-driven solutions that break down silos and policy choices** like tax credits, direct cash and approaches that ensure families have all the supports they need – not just one need taken care of – in order for children to have the best chance at a healthy, happy future.

By passing the ENOUGH Act and intentionally investing in communities who have been excluded from opportunities for economic mobility, Massachusetts can lift up its children and begin to address the structural inequities that drive poverty in our state.

The ENOUGH Act Model Promotes Health

The ENOUGH Act is based on a similar bill in Maryland, which passed in 2024. Like the funding structure of the Massachusetts-proposed ENOUGH Fund, the Maryland ENOUGH Initiative is supported by both state and philanthropic dollars. Since the bill's passage, funding from the initiative has provided 28 grants to community-led organizations across Maryland who lead interventions that improve educational attainment, economic stability, career development, and more drivers of health.¹⁹ The state invested an initial \$20 million in the fund, which leveraged an additional \$80 million in private contributions for a total of \$100 million in initial funding to support community grants. This public-private financing structure - as proposed in the Massachusetts ENOUGH Act - is designed to attract substantial private investment while limiting costs to the state. In addition, this upstream investment recognizes that persistent and intergenerational poverty itself carries significant long-term economic and health costs.

¹⁸ Sheward, R., Ettinger de Cuba, S., Cutts, D., Frank, D., Poblacion, A., Ochoa, E., Lê-Scherban, F., Black, M., Coleman, S., Heeren, T., Sandel, M. Hardship-Free Households Are Associated With Optimal Caregiver and Child Health. *AJPM Focus*, Volume 5, Issue 1, 2026, 100422, ISSN 2773-0654, <https://doi.org/10.1016/j.focus.2025.100422>.

¹⁹ The Office of Governor Wes Moore. Governor Moore Announces \$1.5 Million in Philanthropic Awards to ENOUGH Communities to Support Education and Child Care Programs. April 2026. <https://governor.maryland.gov/news/press-releases/governor-moore-announces-15-million-philanthropic-awards-enough-communities-support-education-and>

By strategically leveraging these public-private funds, Maryland has seen **a three to one return on investment** in the program.²⁰

While Maryland's Initiative is still ongoing and final results are yet to be published, notable progress has been made in just a few short years. For example, in Anne Arundel County, ENOUGH Initiative funds are currently being used to recruit and prepare local residents to become licensed family child care providers, and to support a case management program for families that utilizes a two-generation approach. The outcomes of this intervention are already visible:

- Between 2023-2024, the number of children enrolled in publicly funded pre-K rose from 63.9% to 68.9%, and the number of children receiving childcare vouchers rose from 1,979 to 3,088.
- In FY2025, 225 more slots were added to the county's child care system²¹
- In 2024, 503 fewer children living in the Bay Ridge Gardens neighborhood in Anne Arundel County were living in poverty compared to 2023, before the ENOUGH Initiative began²²

These results suggest ENOUGH Initiative funds are filling previous gaps in available child care slots in Anne Arundel County, enabling parents to send their children to child care so they can pursue education or employment opportunities. For the children who are newly able to access child care, research tells us that not only do they benefit from short-term improvements in math, language, and social skills as they enter elementary school, but they are also more likely to attain higher levels of education, require less special education, have higher earnings as an adult, and have fewer lifetime interactions with the justice system in the future.^{23, 24, 25, 26, 27} By investing both in children in their earliest days and in their families, Maryland is creating a future in which residents are healthier, more economically stable and prosperous, and can reach their full potential. Massachusetts can and should do the same.

²⁰ The Governor's Office for Children, ENOUGH Initiative Overview. <https://goc.maryland.gov/Pages/enough-initiative.aspx>

²¹ The Office of Governor Wes Moore. ENOUGH Data Hub - Bay Ridge Gardens. <https://embed.clearimpact.com/Scorecard/Embed/92543>

²² ENOUGH Data Hub - Bay Ridge Gardens.

²³ Fund FFY. Why it matters. Published 2018.

²⁴ Camilli G, Vargas S, Ryan S, Barnett W. Meta-analysis of the effects of early education interventions on cognitive and social development. *Teachers College Record*. 2010;112(3):579-620.

²⁵ Black, M., Walker, S., Fernald, F., Andersen, C., DiGirolamo, A., Lu C., et al. Early childhood development coming of age: science through the life course. *Lancet*. 2017;389(10064):77-90.

²⁶ McCoy, D., Yoshikawa, H., Ziol-Guest, K., Duncan, G., Schindler, H., Magnuson, K., et al. Impacts of early childhood education on medium- and long-term educational outcomes. *Educational Research*. 2017;46(8):474-487.

²⁷ Unemployment rates and earnings by educational attainment: US Bureau of Labor Statistics; 2025. <https://www.bls.gov/emp/chart-unemployment-earnings-education.htm>

Conclusion

Massachusetts has been a national leader in state-based programs that support the health and well-being of children and families. Now, the Legislature has an opportunity to continue this leadership by passing the ENOUGH Act. Ensuring economic stability and mobility for all Massachusetts families has long been a priority for the Legislature and for community organizations in the Commonwealth, as outlined by the Special Legislative Commission to Study Poverty in their seminal 2025 report to end poverty in Massachusetts.²⁸

As a network of pediatricians and public health researchers, we respectfully request the Joint Committee on Community Development and Small Businesses to report this bill favorably out of committee and invest in community-led programs that can help children and families thrive.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Stephanie Ettinger de Cuba', with a long horizontal flourish extending to the right.

Stephanie Ettinger de Cuba, PhD, MPH
Executive Director, Children's HealthWatch
Boston, MA

²⁸ Special Legislative Commission to Study Poverty. Pathways to Possibility: A Ten Year Roadmap to Expand Economic Mobility in Massachusetts. Massachusetts Legislature. August 2025.
<https://malegislature.gov/Bills/194/SD3122>