

Joint Committee on Racial Equity, Civil Rights, and Inclusion
Boston, MA

July 23, 2021

RE: Recommendations to advance racial equity in Massachusetts

Chairwoman Chang-Díaz, Chairman Williams, and distinguished members of the Joint Committee on Racial Equity, Civil Rights, and Inclusion:

Thank you for the opportunity to submit testimony on behalf of Children's HealthWatch, based at Boston Medical Center, on recommendations to advance racial equity in Massachusetts.

The mission of [Children's HealthWatch](http://www.childrenshealthwatch.org) is to improve the health and development of young children by informing equitable policies that address and alleviate economic hardships and dismantle systems of institutionalized discrimination and inequity at the root of these hardships. We accomplish this mission through rigorous research by interviewing caregivers of young children on the frontlines of pediatric care, in urban emergency departments and primary care clinics in five cities, including Boston. Since 1998, we have interviewed over 75,000 caregivers of children under four years of age and analyzed those interviews to determine the impact of public policies on the health and development of young children. Based on our extensive research, we understand the harmful health consequences of financial instability, the disproportionate prevalence and impact of hardship on Black and Latinx families, and policy solutions to address this.

Wealth and income inequality are growing and continue to harm children from families of color with low incomes. In 2014, the median net worth of a white family in Boston was \$247,500, while the median net worth of a Black family was \$8.¹ Similarly, in 2015 white workers in Boston earned an average income of \$91,000 – more than double the average income of \$41,200 for Black workers.¹ Implementing new, bold policies and expanding evidence-based programs that serve young children and their families will work towards reversing this trend, and is an investment in the success and future health of our Commonwealth. Furthermore, acknowledging that systemic racism has contributed to disproportionate rates of poverty and health disparities among people of color – and prioritizing policies that respond to and rectify this – is critical to effectively promote economic mobility. The Massachusetts Taxpayers Foundation recently found that closing the racial divide in Massachusetts across wealth, income, housing, education, and incarceration would grow the economy of Massachusetts by \$27 billion over five years.¹

Over two decades of Children's HealthWatch research has consistently shown that improving the health and well-being of children and families requires robust resources and supports across multiple domains including housing, nutrition, child care, utilities, and health care. However, several interrelated burdens and barriers exist within the structure and implementation of existing public assistance programs that limit their ability to engage all those eligible to participate, in particular Black, Indigenous, people of color (BIPOC) and immigrants. These include language (written and verbal, and inadequate translation or multi-lingual services) and technology inaccessibility, numerous barriers to application and recertification requirements (e.g. in-person visits and limited location/hours, long wait times on helplines, frequent recertification periods, repetitive applications across benefit programs), and

complicated program eligibility and requirements. These burdens and barriers result from inefficient and inequitable program design. In addition to those embedded in the design of programs, several barriers exist that deter participation in critical benefit programs. For example, experiencing discrimination while trying to access a program. These barriers prevent continuous access to evidence-based support, particularly for BIPOC and immigrants; for many programs, only a fraction of those eligible participate.

In addition, inadequate funding of and restricted eligibility for assistance programs leave out millions of families in need. For example, three out of four eligible, low-income at-risk renters do not receive federal assistance due to funding limitations.² This has led to extensive waitlists – which families can report being on for over ten years – and housing authorities closing waitlists in response to high demand and limited supply. Similarly, the availability of child care subsidies – another basic need for working families that consistently takes up an outsized portion of a families' budget – do not meet the current need. Furthermore, some assistance programs, particularly housing and child care, may not meet the needs or preferences of eligible families. Even when a family is able to access rental subsidies, they are often limited in choice of neighborhood due to well-documented racial discrimination and source of income discrimination in housing as well as inadequate supply of affordable housing. This has severe implications for their social and emotional health, as well as their employment. For example, a family may be forced to move away from or may be unable to move to their desired community, where they have fostered deep social and community connections, in order to access available affordable housing. This can also result in difficulties maintaining or gaining employment, as the available housing may not be in proximity to the workplace and have limited transportation available. This interlocking nature of discrimination and affordability limits neighborhood choice and drives inequities in health and opportunity for families. Additionally, for many families, the interrelated barriers of cost, location, hours, quality, cultural appropriateness, and availability of child care may restrict parents' ability to pursue work, training, and/or education.³ While it is ultimately the responsibility of the federal government to increase public investment in and expand these critical programs, Massachusetts has the ability to implement state programs, in addition to federal programs and resources, that fill this gap and meet the needs of all families.

Addressing these barriers will enable families with low incomes to access programs that support financial stability and economic mobility and promote health. In addition, income inequality and systemic barriers to wealth accumulation need to be addressed through a racial equity lens. In their assessments, agencies must explicitly name these and others, provide disaggregated data on program and barriers' impact (as described previously), and include a specific and actionable plan to eliminate these named access barriers. To achieve this, we recommend that legislation and state agencies:

- Increase investment in critical assistance programs to adequately meet need, including implementing new immigrant-inclusive programs and expanding eligibility for all state programs to immigrant households.
- Improve outreach and awareness to ensure that all families receive the benefits for which they are eligible.
- Create a common application portal to allow families to apply for numerous benefits for which they are eligible at the same time. This would help to simultaneously stabilize families across needs while reducing administrative burden.
- Accommodate the needs of working parents by extending agency/program office hours and allowing online certifications and trainings.
- Track peak times of in-person, online or telephonic contact and adjust staffing accordingly to decrease wait times for assistance.

- Transform economic policies so families have the tools to achieve financial security necessary to support educational and career advancement.
- Provide supportive pathways to post-secondary education and job training.
- Increase equitable access to high-quality child care, Kindergarten, elementary, and secondary education.
- Remove systemic barriers to educational and occupational opportunities and wealth accumulation.

To advance equity, programs and policies must be designed and targeted in ways that respond to disparate outcomes and eliminate drivers of structural racism. Integral to achieving this, policies must close divides based on race and other inequities so that programs achieve equal outcomes for all participants. When an equity lens – which places the needs and leadership of people of color at the center – is applied, progress is made toward eliminating inequities. To that end, we recommend that the Committee uses evidence-based tools such as the Racial Equity Scorecard⁴ and Racial Equity Methodology,⁵ both developed by Marlysa Gamblin of GamblinConsults (formerly at Bread for the World Institute), to evaluate and prioritize legislative proposals.

While many policies strongly recommended in this testimony seek to strengthen assistance programs across social determinants of health and needs, we must acknowledge that access to financial resources is at the core of these recommendations. The most simple and effective approach to fight economic inequality and financial instability is to put more money back into the pockets of the people who need it most. In order to alleviate economic hardship and promote the health and well-being of every child and family living in the US, we must actively dismantle systems of institutionalized discrimination and inequity at the root of these hardships, and target the inequitable distribution of wealth and income, particularly across racial lines. An approach to boost income also gives families freedom and dignity by enabling them to prioritize their own basic need and to make choices that are best for their family. Further, when families have money to spend, they do so in the communities in which they live, thus stimulating local economies. Policies that reduce inequities and promote financial stability for families with children – particularly families of color and immigrant families – are urgently needed to promote health equity.

Children's HealthWatch recommends that the Committee support a number of bills that will advance equity for children in Massachusetts across the following areas:

Promote racial health equity by closing income and wealth gaps

- **An Providing a Guaranteed Minimum Income to all Massachusetts Families ([S.1852](#)) and An Act to Increase Family Stabilization through the Earned Income Tax Credit ([H.2871](#) and [S.1841](#)).** Filed by Senator Eldridge, filed by Representative Decker, Representative Vargas, Senator DiDomenico, and Senator Eldridge; Priority led by the [Healthy Families EITC Coalition](#)
One of our nation's most effective anti-poverty programs for families, the EITC is a benefit for working families with low- to moderate-incomes that improves health outcomes for children and families. Both bills would: (1) increase the state EITC match to 50 percent of the federal credit; (2) transform the EITC into a guaranteed minimum income (GMI) by establishing a minimum \$2,400 credit for extremely low income households; (2) extend the GMI credit to middle-income families who are currently ineligible; (3) expand eligibility for the credit to include taxpayers who file taxes with an Individual Tax Identification Number and unpaid caregivers; and (4) direct the Department of Revenue to engage in comprehensive outreach to

increase awareness of EITC and the availability of Volunteer Income Tax Assistance (VITA) sites. Additionally, this legislation would allow the option for biweekly advance payments of up to half of the refund to help households integrate GMI credit payments into their budgeting and afford recurring expenses.

- **An Act to Lift Kids Out of Deep Poverty (H.199 and S.96)**. Filed by Representative Decker and Senator DiDomenico; Priority led by the [Lift Our Kids Coalition](#)
This legislation would set a floor for Transitional Aid to Families with Dependent Children (TAFDC) and Emergency Aid to the Elderly, Disable, and Children (EAEDC) cash assistance benefits by increasing benefits by 20% per year until grants reach 50% of the federal poverty level. This would increase resources families need to make ends meet which would reduce food insecurity and improve health outcomes for young children and their families.
- *Children's HealthWatch also supports An Act to Provide Equal Stimulus Checks to Immigrant Taxpayers (S.1850), filed by Senator Eldridge, and An Act Relative to Savings Enabling Prosperity (H.1099 and S.662), filed by Representative Gentile and Senator Eldridge and priority led by the [Midas Collaborative](#)*

Improve the health and well-being of families by removing barriers to assistance

- **An Act to Streamline Access to Critical Public Health and Safety-net Programs through Common Applications (H.1290 and S.761)**. Filed by Representative Livingstone and Senator DiDomenico; Priority led by the [SNAP Gap Coalition](#)
This legislation would amend state law to allow households with low incomes to apply for MassHealth or Medicare Savings Program and SNAP at the same time, require DTA to allow those applying for SNAP to also apply for DTA cash benefits at the same time, and lay the foundation for a common application for other needs-based programs. A common application portal would reduce duplicate data collection, increase efficiency of state government, and improve health outcomes for MA children and families.
- **An Act to Ensure Equitable Access to Health Coverage for Children with Disabilities (H.1310 and S.763)**. Filed by Representative Rogers and Senator DiDomenico; Priority led by [Health Care for All MA](#)
This legislation improves access to care for children with disabilities so that every young person with disabilities in the state receives adequate access to health coverage, regardless of immigration status.

Increase equitable health care coverage and access to care

- **An Act Relative to Expanding Equitable Access to Maternal Postpartum Care (H.1297 and S.799)**. Filed by Representative Miranda and Senator Lovely; Priority led by [Health Care for All MA](#)
This legislation directs MassHealth to seek approval from the federal government to extend postpartum coverage from 60 days to 12 months.

Increase access to and supply of affordable, high quality early education & care

- **An Act Providing Affordable and Accessible High Quality Early Education and Care to Promote Child Development and Well-Being and Support the Economy in the Commonwealth (H.605 and S.362)**. Filed by Representative Gordon, Representative Moran, Senator Lewis, and Senator Moran; Priority led by the [Common Start Coalition](#)
This legislation would establish a universal system of affordable, high-quality early education and child care for all MA families over 5 years that prioritizes the lowest-income, highest-need

families. The Common Start legislation would create a new direct-to-provider bedrock funding allocation based on provider capacity (not attendance) that directly offsets provider's operating costs, including higher educator pay. Once fully implemented, families below 50% of statewide median income would be able to access early education and child care options for free. Families with incomes above that threshold would pay no more than 7 percent of their total household income.

Prevent evictions and homelessness

- **An Act to Prevent COVID-19 Evictions and Foreclosures and Promote an Equitable Housing Recovery ([H.1434](#) and [S.891](#))**. Filed by Representative Moran, Representative Honan, and Senator Jehlen; Priority led by the [Massachusetts Coalition for the Homeless](#) and [Massachusetts Law Reform Institute](#)

The expiration of the state eviction moratorium places tens of thousands of families across the Commonwealth at risk of eviction. The COVID-19 Housing Equity Bill will strengthen existing policies by 1) requiring landlords to pursue and cooperate with rental assistance programs before pursuing eviction; 2) protecting the most vulnerable tenants from forced removal for COVID-19 debts; 3) Pausing no-fault evictions during the state of emergency and recovery period; 4) reinstating a pause on foreclosures and requiring forbearance based on federal policies; and, 5) requiring the state to adopt equitable principles, flexibility, and simplification in the distribution of rental assistance funds.

- **An Act Providing Upstream Homelessness Prevention Assistance to Families, Youth, and Adults ([H.1385](#))**. Filed by Representative Decker and Representative Miranda; Priority led by the [Massachusetts Coalition for the Homeless](#)

This legislation would put the Residential Assistance for Families in Transition (RAFT) homelessness prevention program into state statute, and ensure that benefits are available to households earlier in a housing or utility crisis. This bill also seeks to streamline access, improve cross-agency collaboration, and allow households to access the resources needed to clear arrearages without arbitrary caps.

Promote housing stability through rental assistance, production of affordable housing, and fair housing practices

- **An Act Codifying the Massachusetts Rental Voucher Program and An Act Relative to the Massachusetts Rental Voucher Program ([H.1428](#) and [S.898](#))**. Filed by Representative Madaro and Senator Lovely; Priority led by the [Massachusetts Coalition for the Homeless](#)

This legislation would codify the MRVP and enable lawmakers to continue to make non-budgetary improvements to the program. The bill would also reduce tenant share of rent from 40% to 30% of income. Research shows rental assistance is effective in not only ensuring families live in stable homes, but also putting children on a trajectory of healthy growth and development.

- **An Act Relative to Housing Production ([H.1448](#) and [S.871](#))**. Filed by Representatives Vargas, Representative Honan, and Senator Crighton; Priority led by [CHAPA](#)

This legislation will increase the production of affordable homes, remove restrictive zoning barriers, and proposes innovative solutions for land use in Massachusetts.

- *Children's HealthWatch also supports An Act Relative to the Use of Credit Reporting in Housing ([H.1429](#) and [S.894](#)), filed by Representative Malia and Senator Lesser*

Improve the Emergency Assistance (EA) shelter system

- **An Act Improving Emergency Housing Assistance and Administrative Issues for Families and Children Experiencing Homelessness (H.202 and S.111).** Filed by Representative Decker, Representative Miranda, and Senator Gomez; Priority led by the [Massachusetts Coalition for the Homeless](#)

This omnibus legislation would address access and administrative issues for families and children seeking to access or retain EA shelter and HomeBASE rehousing benefits. It would allow families that appear to be imminently at risk of homelessness to gain admission into EA shelter. The bill also would establish an independent ombudsperson unit located in the Executive Office of Housing and Economic Development to mediate between EA and HomeBASE participants/applicants and DHCD.

In addition to the above policies currently filed in the Massachusetts legislature, Children's HealthWatch recommends aligning the priorities of the Committee with those outlined in the legislature's Health Equity Task Force's final report, *A Blueprint for Health Equity*.⁶ Further, the Committee should support and prioritize investing in new and bold policies with an equity lens, and which places the needs and leadership of people of color at the center.

Children's HealthWatch looks forward to promoting equity and improving the health and well-being of children and their families in partnership with the Joint Committee on Racial Equity, Civil Rights, and Inclusion. For questions regarding these comments, please contact Children's HealthWatch: Richard Sheward, richard.sheward@bmc.org, or Charlotte Bruce, charlotte.bruce@bmc.org.

Sincerely,



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¹ Massachusetts Taxpayers Foundation. Closing the Racial Divide in the US and Massachusetts: A Baseline Analysis. 2021. Available at: <https://masstaxpayers.org/closing-racial-divide-us-and-massachusetts-baseline-analysis>

² Mazzara A. Housing Vouchers Work: Huge Demand, Insufficient Funding for Housing Vouchers Means Long Waits. Center for Budget and Policy Priorities. April 2017. Available at <https://www.cbpp.org/blog/housing-vouchers-work-huge-demand-insufficient-funding-for-housing-vouchers-means-long-waits>

³ Factors Affecting the Labor Force Participation of People Ages 25 to 54: Congressional Budget Office of the United States; 2018.

⁴ Gamblin M. Using a Racial Equity Scorecard for Policy and Programs. Bread for the World Institute; 2020. Available at <https://d1w64so4kzmym9.cloudfront.net/institute/report/racial-equity/racial-equity-scorecard-policies.pdf>

⁵ Gamblin M. Methodology: Applying a Racial Equity Lens to Anti-Hunger Policies. Bread for the World; 2021. Available at http://files.bread.org/institute/report/racial-equity/report-methodology.pdf?_ga=2.178852899.621679317.1593104854-1534314108.1536929838

⁶ A Blueprint for Health Equity: Health Equity Task Force Final Report. 2021. Established by Chapter 93 of the Act of 2020. Available at <https://malegislature.gov/Reports/Search?searchTerms=health%20equity%20task%20force>