

Testimony before the Joint Committee on Labor and Workforce Development
Public Hearing
Boston, MA

Dear Chairman Lewis, Chairman Brodeur, and Members of the Joint Committee on Labor and Workforce Development:

I am honored to have the opportunity to present this testimony in support of House Bill 2365 and Senate Bill 1004, which will raise the state minimum wage to \$15 an hour by 2021. I am Allison Bovell-Ammon, Deputy Director of Policy Strategy at Children's HealthWatch, a nonpartisan network of pediatricians, public health researchers, and children's health and policy experts committed to improving children's health by informing policies that address and alleviate economic hardship. Raising the state minimum wage is a crucial step toward providing families with economic stability and improving the health and well-being of children and families across the state.

At Children's HealthWatch, our research is particularly focused on young children and their families. During these early years, infants and toddlers are growing the brains and bodies they will have for the rest of their lives. Our work, along with the research of others, shows that the economic stability needed for healthy child development depends on a family's ability to afford food, rent, utilities, medical care and prescription medicine for all members.¹ When families with young children lack enough resources to afford these basic necessities, their children's physical and mental health is at-risk.^{2,3,4,5} But, these risks are greatly reduced when public policy protects families and children from the effects of economic hardship. Raising the minimum wage to \$15 an hour will help move families toward the economic security they need to support their children's healthy growth and development.

Alleviating economic hardships for families with children also saves the state in health care and special education expenditures. Nationally, food insecurity alone results in over \$160 billion in avoidable health and education expenditures annually.⁶ Providing families with more money to afford food by raising the minimum wage reduces their chances of being hospitalized and needing additional ambulatory services to manage illnesses, as well as decreases their need for mental health services related to conditions such as depression and anxiety.

Poverty and economic instability are complex problems to solve and they will indeed require complex solutions to completely eliminate. Raising the state minimum wage is one simple solution that will put many families in a better position to provide for their children and ensure they live healthy and successful lives. Massachusetts is one of the most expensive states in the country to live in and we hope that the conversation on eliminating economic hardships continues. It is critical that along with raising the state minimum wage we pair it with a commitment to identifying policy solutions that protect families participating in state and federal assistance programs from sudden losses so that they avoid economic hardships and can contribute optimally to the future health and prosperity of the Commonwealth.

Improving the health and well-being of our state's children and their families is crucially important. Because of this, we at Children's HealthWatch urge the committee to favorably report out this important piece of legislation and raise the state minimum wage to \$15 per hour.

Thank you for your time and for considering this request.

Sincerely,

Allison Bovell-Ammon, M.Div.
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Children's HealthWatch

¹ March E, Cook JT, Ettinger de Cuba S, Gayman A, Frank DA. Healthy Families in Hard Times. Children's HealthWatch. 2010. Available at: http://childrenshealthwatch.org/wp-content/uploads/multiplehardships_report_jun10.pdf

² Knowles M, Rabinowich J, Ettinger de Cuba S, Cutts DB, Chilton M. "Do You Wanna Breathe or Eat?": Parent perspectives on child health consequences of food insecurity, trade-offs, and toxic stress. *Matern Child Health J.* 2016; 20(1):25-32

³ Skalicky, Anne ; Meyers, Alan F ; Adams, William G ; Yang, Zhaoyan ; Cook, John T ; Frank, Deborah A. Child food insecurity and iron deficiency anemia in low-income infants and toddlers in the United States. *Matern Child Health J.* March 2006, Vol.10(2), pp.177-85.

⁴ McLaughlin KA, Green JG, Alegría M, Costello EJ, Gruber MJ, Sampson NA, Kessler RC. Food insecurity and mental disorders in a national sample of US adolescents. *J Am Acad Child Adolesc Psychiatry.* 2012; 51(12), 1293-1303.

⁵ Slopen N, Fitzmaurice G, Williams DR, Gilman SE. Poverty, food insecurity, and the behavior for childhood internalizing and externalizing disorders. *Journal of the American Academy of Child & Adolescent Psychiatry.* 2010;49(5), 444-52.

⁶ Cook J, Poblacion A. Estimating the health-related costs of food insecurity and hunger. In: *2016 Hunger Report.* Bread for the World Institute; 2015:247.