CHILDREN'S HealthWatch

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September 30, 2022

Committee on the Review of Federal Policies that Contribute to Racial and Ethnic Health Inequities
National Academies of Sciences, Engineering, and Medicine

Re: Review of federal policies that contribute to racial and ethnic health inequities

Dear Chairwoman Burke and Chairman Polsky:

Thank you for the opportunity to submit these comments and recommendations to inform the Committee's analysis and report on policy opportunities to advance racial and ethnic health equity. Please accept these comments on behalf of Children's HealthWatch, a nonpartisan network of pediatricians, public health researchers, and children's health and policy experts committed to advancing health equity for young children and families by informing policies that alleviate economic hardships and dismantling systems discrimination and inequity at the root of these hardships.

Since 1998, our multi-site network has continuously monitored the influence of public policy changes on the health and well-being of very young children and their families. Our research on the frontlines of pediatric care in urban safety-net hospitals in Boston, Baltimore, Little Rock, Minneapolis, and Philadelphia has provided timely evidence supporting robust policy efforts to reduce hardship and improve health equity. This research has also demonstrated the ways in which policy design and implementation perpetuate or mitigate inequities, both in law and in practice.

What are examples of federal policies that create racial and ethnic health inequities?

Racial and ethnic health inequities unfold in the context of centuries of explicitly racist, xenophobic, and discriminatory policies and practices that have built the foundation of structural racism in the United States. These policies have existed and produced inequality across virtually every facet of life, including in housing, education, employment and economic opportunity, health care, family supports, and criminal justice. This ongoing legacy of systemic racism and discrimination against people of color and immigrants in the United States is a key driver of economic hardship and health inequities. Even as harmful policies are rescinded, it is critical to understand their legacy when seeking to address the inequities that persist and manifest today.

Quantitative and qualitative reports show that Black, Indigenous, and Latino people and immigrants disproportionately experience barriers in accessing and participating in public programs. Specifically, families of color and immigrant families, as well as families with low incomes experiencing hardship, experience discrimination across programs and public settings. Our own Children's HealthWatch data show that half of caregivers with low incomes experienced discrimination in their lifetime; among those who reported household food insecurity, over 21 percent experienced discrimination when applying for public assistance.[1] Our research has also demonstrated that mothers' experiences of discrimination based on race is significantly associated with household food insecurity and maternal poor physical health and depressive symptoms.[2] Discrimination, as well as stigmatization, against families of color and immigrant families attempting to engage with public benefit programs creates a major barrier to

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participation. Further, immigrant and mixed status families who have been the target of xenophobic rhetoric and harmful, exclusionary policies experience higher rates of hardship than US-born families and are less likely to participate in federal assistance programs due to fear of impacts on future immigration status. This reality for immigrant families has been exacerbated in recent years given changes to the "public charge" rule under the Trump administration.[3] While these regulatory changes have been reversed during the Biden administration, their effects continue to persist through mistrust and uncertainty.[4]

In addition to discrimination and stigmatization, immigrants experience significant administrative barriers to engaging in public benefit programs. Eligibility for federal nutrition, housing, and health insurance programs are complex and vary widely across immigration statuses. These barriers to programs are rooted in systemic racism and, in turn, impact the health of children in immigrant and mixed status families. Removing barriers to assistance programs, including lifting the 5-year bar for participation in certain public benefits, and increasing access to health insurance regardless of immigration status are critical for promoting health equity among children and families.[5]

Several interrelated burdens and barriers exist within the structure and implementation of public benefit programs, often entrenched in racist ideology, that worsen inequities among communities of color, even as they may appear broad-based or race-neutral. These language inaccessibility (complexity or messaging/framing – both written and verbal, and inadequate translation or multi-lingual services), access to technology, wide-ranging barriers to application and recertification requirements (e.g. in-person visits and limited location/hours, long wait times on helplines, frequent recertification periods, repetitive and excessively long applications across benefit programs), and complicated program eligibility and requirements. In particular, severely limited data sharing and linkages between agencies – despite similar eligibility or information requirements – re-traumatizes individual applicants as they jump through hoops to prove that they are "deserving" of assistance. Furthermore, families who earn low wages – disproportionately immigrants and people of color – often have incomes that fluctuate based on seasonal earnings and irregular hours.[6] Fluctuations in income not only make it difficult to plan a family budget but can also make it challenging for families to stay connected to programs because the family may appear to be over income one month and yet qualify the next. Unpredictable income can also result in reduced or lost benefits when families must report temporary earnings. These burdens and barriers result from inefficient and inequitable program design. Creating more universally accessible programs that significantly expand eligibility and reduce recertification burdens would not only limit administrative burden but improve access to core economic and health policies. For example, in May 2022 Oregon became the first state to formally request Center for Medicare & Medicaid Services (CMS) approval for a Section 1115 waiver to provide multi-year continuous eligibility for children in Medicaid, and now many states are following suit.[7]

Families with low incomes participating in federal assistance programs also experience challenges in increasing economic mobility due to income and asset limits across programs. These limits cause churn on and off of programs for those with inconsistent income, and make families worse off as they increase incomes, a common phenomenon known as the cliff effect (when a family's income increases, but they experience a net loss of resources following benefit reductions or being cut off programs). Oftentimes families and individuals describe the cliff of benefit programs as feeling "trapped in poverty". Our research at Children's HealthWatch has demonstrated the harm that reduced benefits and loss of program eligibility following an increase in income has on child health. For example, we have found that when family SNAP benefits are reduced or cut off as a result of increased income, children are more

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likely to be in fair or poor health, to be at risk of developmental delays, and experience hardships such as food insecurity and forgone healthcare.[8] This is a result of strained resources despite an increase in work income, which forces families to choose between basic needs. The subsequent experience of hardship has significant implications for the health, education, and economic stability of families and children across their lifespan.

Lastly, 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 renters do not receive federal assistance due to funding limitations.[9] This has led to extensive waitlists – which families 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 families that consistently takes up an outsized portion of a families' budget – does not meet the current need. While public investment in these critically important programs creates opportunities for families across the country, current levels of funding are inadequate to meet the needs of all families, particularly those with low incomes. Furthermore, some assistance programs may not meet the needs or preferences of eligible families, even when a coveted subsidy is obtained - particularly for housing and child care. 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 from landlords 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 disrupted schooling for children and difficulties maintaining or gaining employment, as the available housing may not be in proximity to the workplace and have limited transportation available largely due to consistent disinvestment in marginalized communities. 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.[10]

The above barriers need to be addressed holistically to 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. To achieve this, we recommend that the Academies prioritize examination of federal policies with a racial equity lens, including those that:

- Increase investment in vital federal assistance programs to adequately meet need.
- Expand eligibility limits and remove asset limits for federal assistance programs.
- Improve accessibility to assistance programs through a range of strategies that increase outreach and awareness and remove systemic barriers to participation.
- Reduce churn and cliff effects across public assistance programs.
- Expand eligibility for immigrants and their families across public benefits
- Transform economic policies so families have the tools to achieve financial security necessary to support educational and career advancement.
- Increase equitable access to high-quality child care for infants through pre-K, Kindergarten, elementary, and secondary education.
- Remove systemic barriers to educational and occupational opportunities and wealth accumulation.

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Children's HealthWatch also finds that it is of paramount importance that the Academies include the perspectives of those with lived expertise and families of color and immigrant communities that have been historically and systemically shut out of policy debates in the process of identifying policy and systemic barriers and solutions. To improve program implementation and coordination, it is essential that people with low incomes that have experience accessing (or attempting to access) assistance programs are placed at the center of these discussions. Furthermore, those who have experienced barriers and those with experience achieving economic mobility through assistance programs should influence and lead these efforts with adequate compensation for their time. This will achieve stronger services and better outcomes for all people.

What are examples of federal policies that promote racial and ethnic health equity?

The most simple and effective approach to fight economic inequality and financial instability is to put money 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 their root and target our solutions to changing the status quo of inequitable distribution of wealth and income, particularly across racial lines. An approach that boosts income also gives families freedom and upholds their dignity by enabling them to prioritize their own basic needs and to make choices that are best for their family. To promote racial and ethnic health equity, we recommend prioritizing the following evidence-based policy goals, in addition to improving currently inequitable policies as outlined above.

- Pass a permanent and inclusive expanded advance monthly CTC that ensures all children are eligible — regardless of immigration status and without requirements for parental earned income.
- Permanently increase the EITC for workers not raising children, including making the credit available for young adults, and expand the definition of "work" to include caregivers raising young children.
- Increase access to stable, affordable homes for all families through:
    - Universal rental assistance for all eligible households
    - Expansion and preservation of affordable housing stock that is equitably distributed across communities
    - Creation of a national housing stabilization fund to provide emergency assistance to families in crisis
    - Strong renter protections that include enforcement of racial discrimination and source of income discrimination laws
- Provide high-quality, affordable child care for all children starting at birth and universal pre-K for 3 and 4 year-olds.
- Adequately fund the Low-Income Home Energy Assistance Program (LIHEAP) to ensure all eligible families in need of assistance are able to receive resources.
- Expand and robustly fund health insurance coverage and eliminate eligibility restrictions based on immigration status to ensure all adults and children in the US have access to affordable health care.
- Streamline access to all federal assistance programs through creation of a common application across programs to reduce burdens on families and increase access to key financial resources.[11] Ensure accessibility through inclusive, multi-lingual, and common language.

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What are the most important considerations when prioritizing action regarding federal policies to advance racial and ethnic health equity?

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, administrative, regulatory, and legislative policies must close divides based on race and other inequities so that programs achieve equal outcomes for all participants. When a racial equity lens – which places the needs and leadership of people of color at the center – is applied, progress is made toward eliminating inequities. When prioritizing action regarding federal policies to advance racial and ethnic health equity, the Academies must prioritize equitable engagement of BIPOC, immigrant, and families with low incomes from the beginning and at each stage of design/planning, implementation, and evaluation. Equitable engagement enables real decision-making power (i.e. beyond requesting input on an already designed plan, or seeking feedback without long-term engagement) in shaping the narrative and determining who should be at the table, compensates people for their time, and gives credit to those involved. Entities of color that directly serve their communities, and other experts of color with lived and/or scholarly expertise, should co-lead this process.

Thank you again for the opportunity to submit these comments. We urge the Academies to take swift action toward advancing health equity and reducing hardship disparities among families with young children.

Sincerely,

Stephanie Ettinger de Cuba, PhD, MPH
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