

CUTTING CHILD POVERTY IN HALF WITHIN A DECADE: A CONGRESSIONAL BRIEFING

2020 RAYBURN HOUSE OFFICE BUILDING
THURSDAY, MARCH 14, 2019

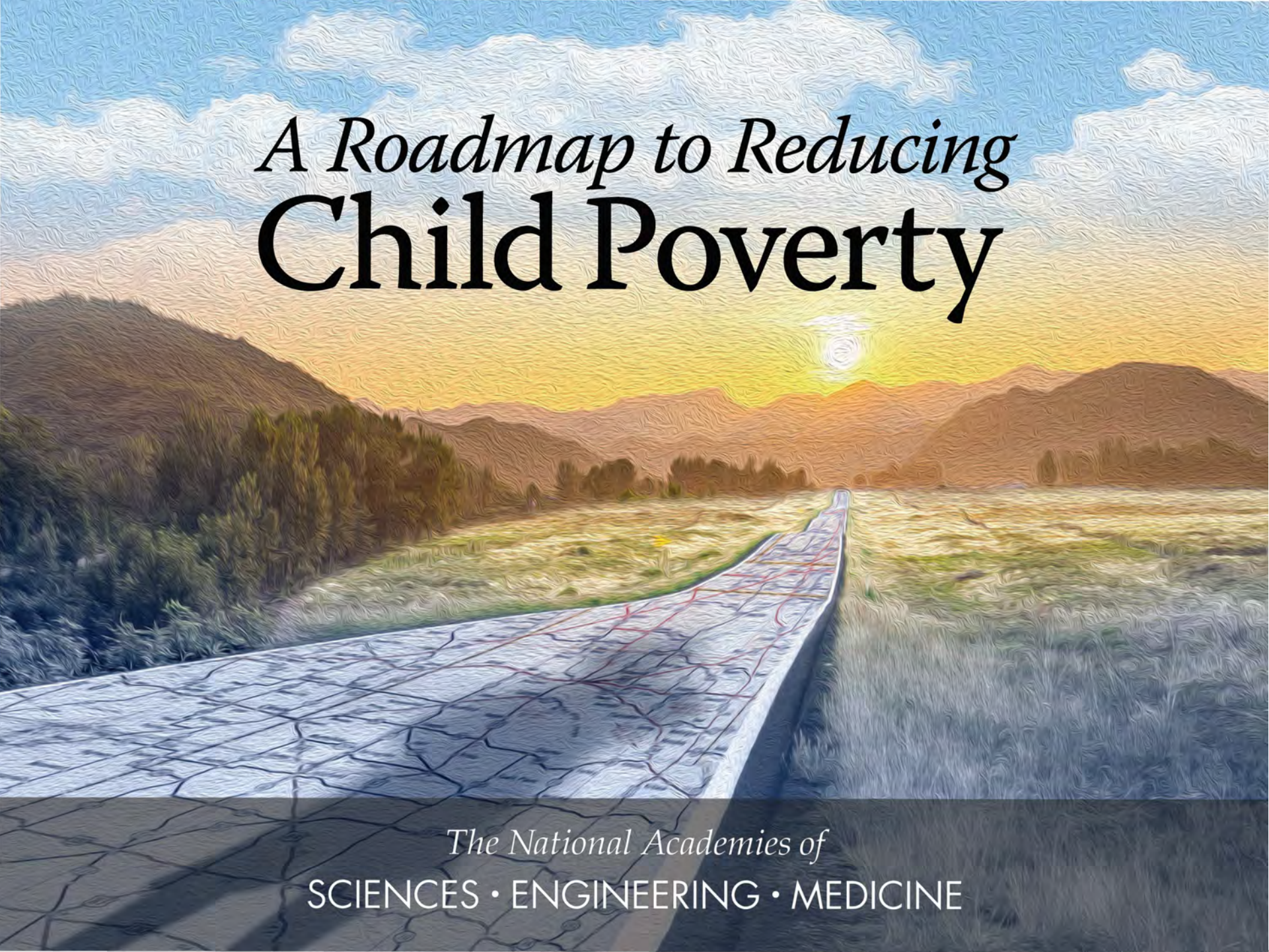


American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®



The background is a landscape painting of a road at sunset. The road is paved and has a map overlay on it, with red lines indicating routes. The sun is low on the horizon, casting a warm glow over the scene. The sky is filled with soft, white clouds. The overall style is painterly and evocative.

A Roadmap to Reducing **Child Poverty**

The National Academies of
SCIENCES • ENGINEERING • MEDICINE



Study Sponsors

- **Doris Duke Charitable Foundation**
- **The Foundation for Child Development**
- **The Joyce Foundation**
- **The Russell Sage Foundation**
- **The W.K. Kellogg Foundation**
- **The William T. Grant Foundation**
- **The U.S. Department of Health and Human Services**

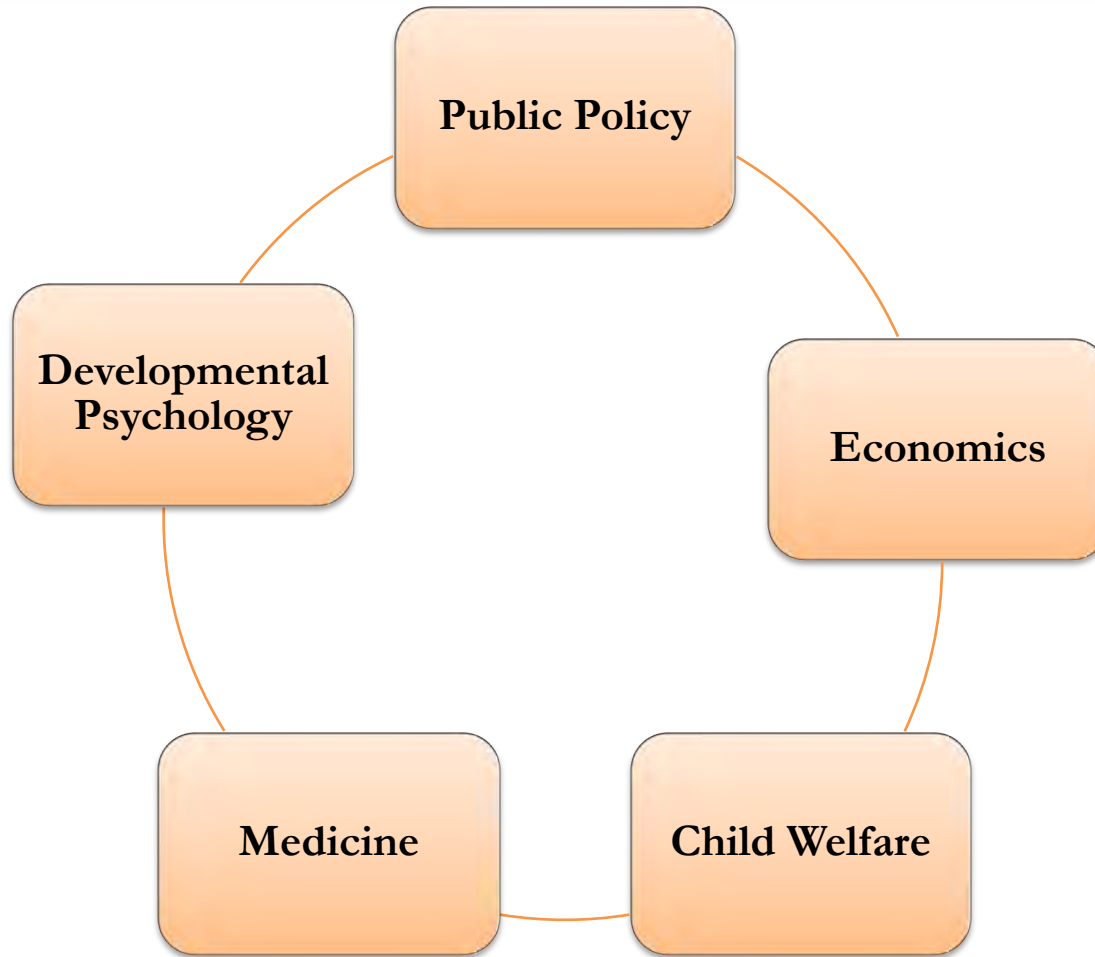


Thank You

Congresswomen Barbara Lee and Lucille Roybal-Allard
for championing funding for this report
with bipartisan support



Interdisciplinary Committee with Broad Perspectives



Statement of Task

The U.S. Congress asked the National Academies to provide a non-partisan, evidence-based report that:

Reviews research on linkages between child poverty and child well-being.

Provides objective analyses of the poverty-reducing effects of major assistance programs directed at children and families.

Provides policy and program recommendations for reducing the number of children living in poverty (and deep poverty) in the U.S. by half within 10 years.



Impacts of Poverty on Child Well-being



Correlation and Causation:

Consistent correlations between poverty and a host of adverse childhood experiences and outcomes.

The committee's report focused on causal studies

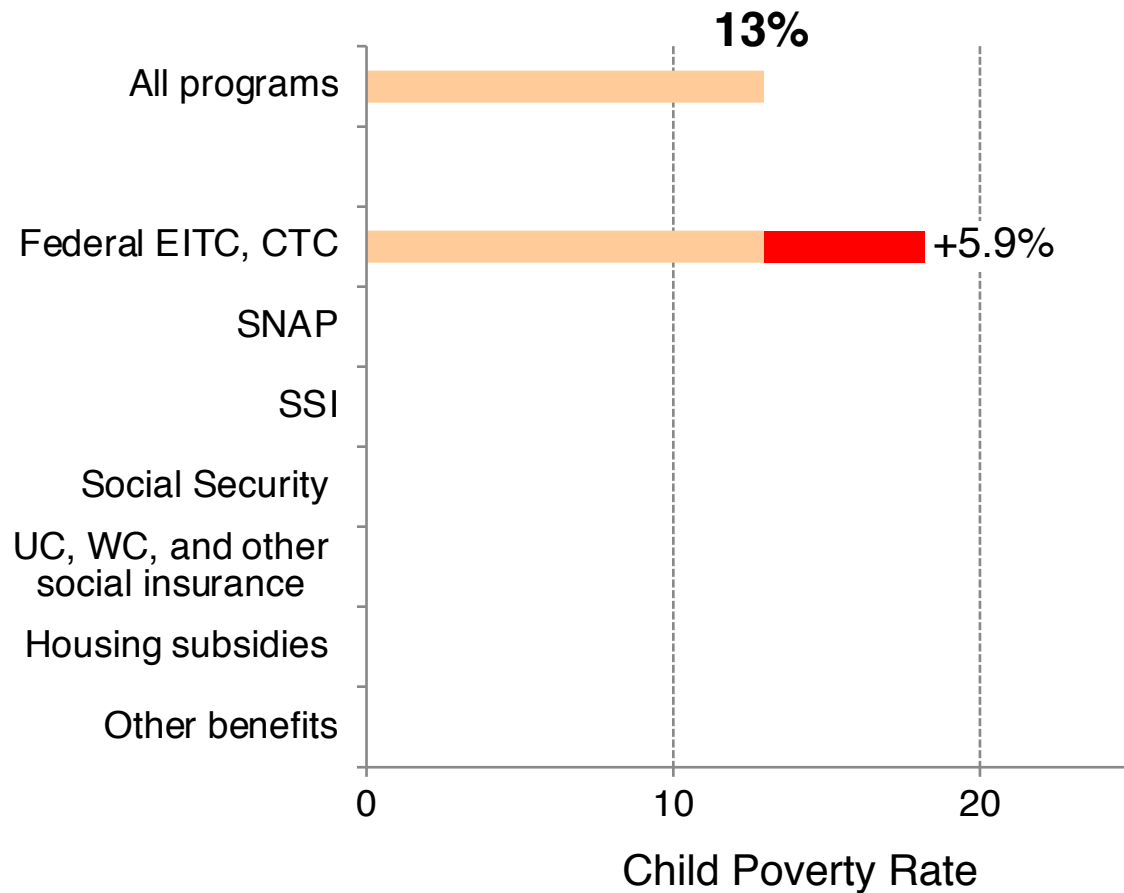


Causal impacts of poverty

- The weight of the causal evidence indicates that poverty itself causes negative child outcomes, especially when poverty occurs in early childhood or persists throughout a large portion of childhood.
- Some programs that alleviate poverty—e.g., SNAP, EITC, medical insurance—have been shown to improve child well-being.

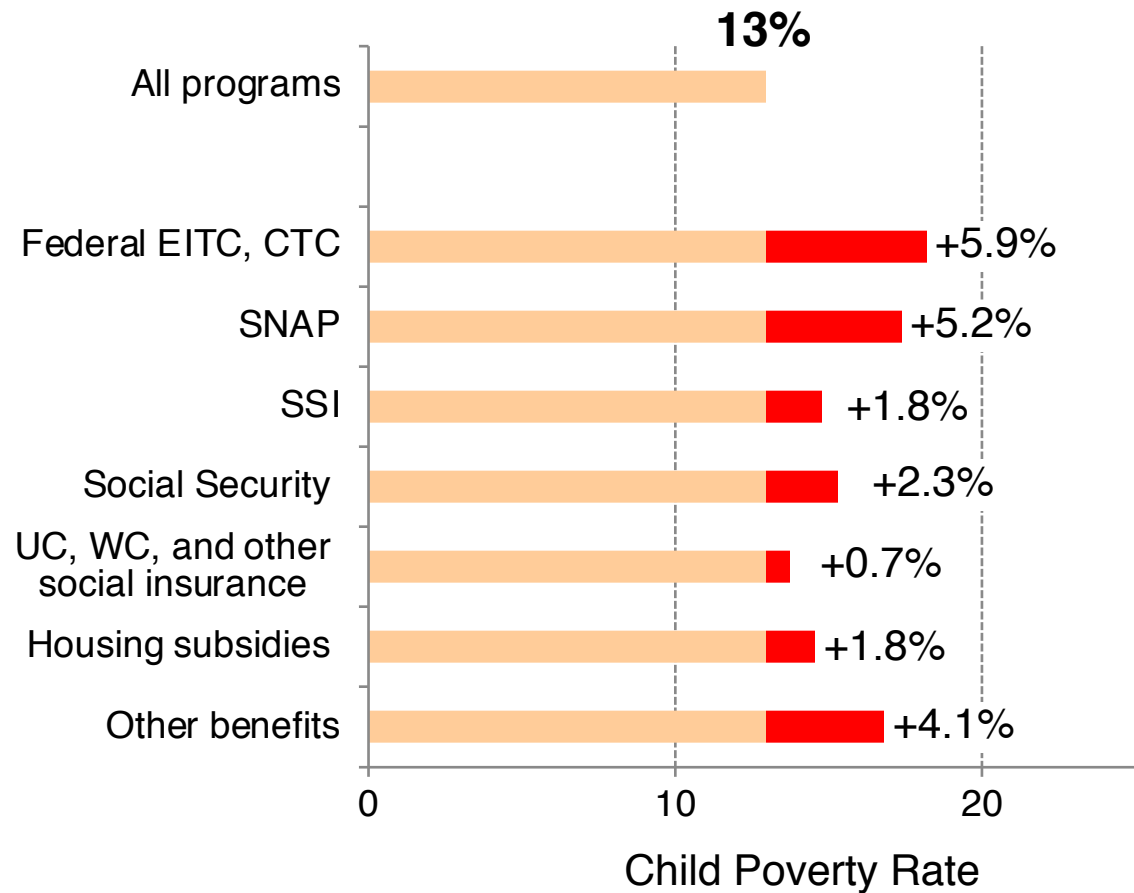
Child Poverty Rates Would Be Higher Without Existing Programs

In the absence of current programs that provide income, food, housing, and medical care, child poverty rates would be much higher



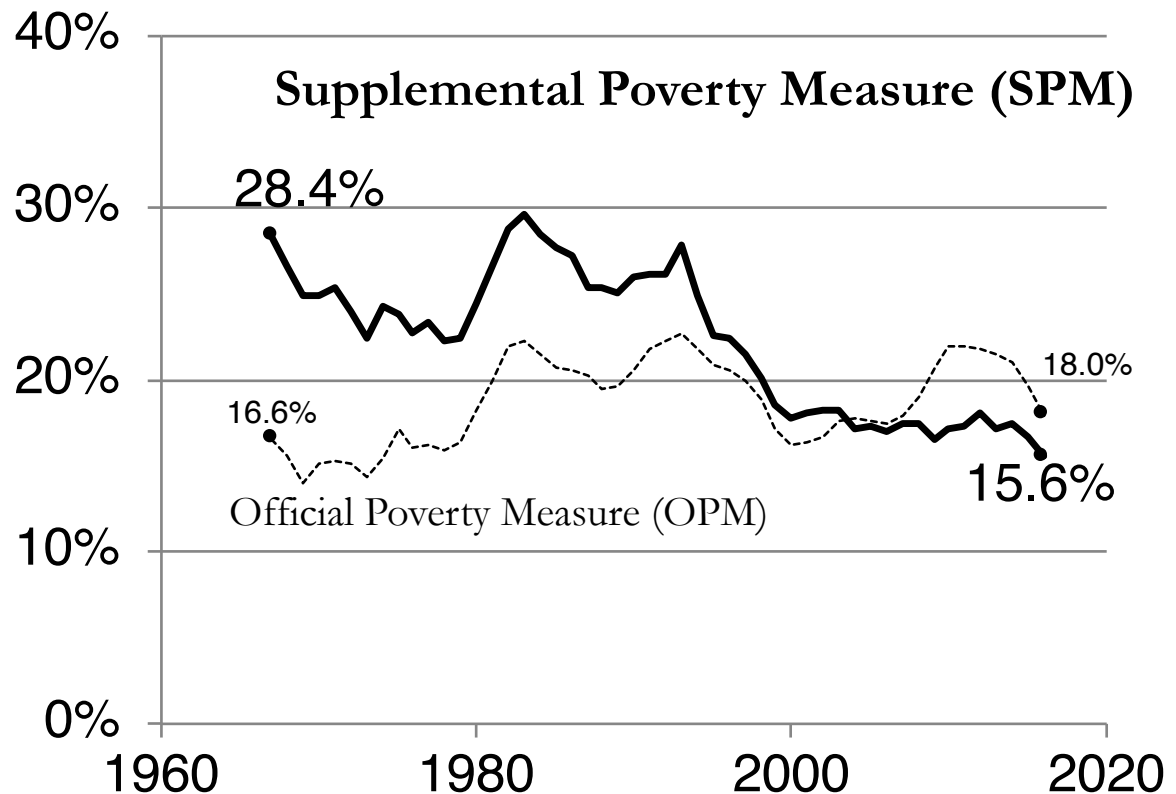
Child Poverty Rates Would Be Higher Without Existing Programs

In the absence of current programs that provide income, food, housing, and medical care, child poverty rates would be much higher



A 50% Reduction in Child Poverty is Achievable

- The U.K. cut its child poverty rate in half from 2001-2008
- Canada's Child Benefit program is on course to cut child poverty in half
- The US nearly cut its child poverty rate in half between 1967 and 2016



Anchored U.S. SPM child poverty rate. SOURCE: Original analyses commissioned by the committee from Christopher Wimer (2017, October).



The Committee developed:



20 individual policy and program options



4 policy and program packages

Criteria for Selecting Programs and Policies

Strength of the research & evaluation evidence

Magnitude of the reduction in child poverty

Poverty reduction within high-risk subgroups

Cost

Impacts on work, marriage, opportunity & social inclusion



Summary of Simulated Programs and Policies

Program and policy options tied to work:

- Expand EITC
- Expand child care subsidies
- Raise the federal minimum wage
- Implement a promising training and employment program called WorkAdvance


Modifications to existing provisions relating to immigrants:

- Increasing immigrants' access to safety net programs

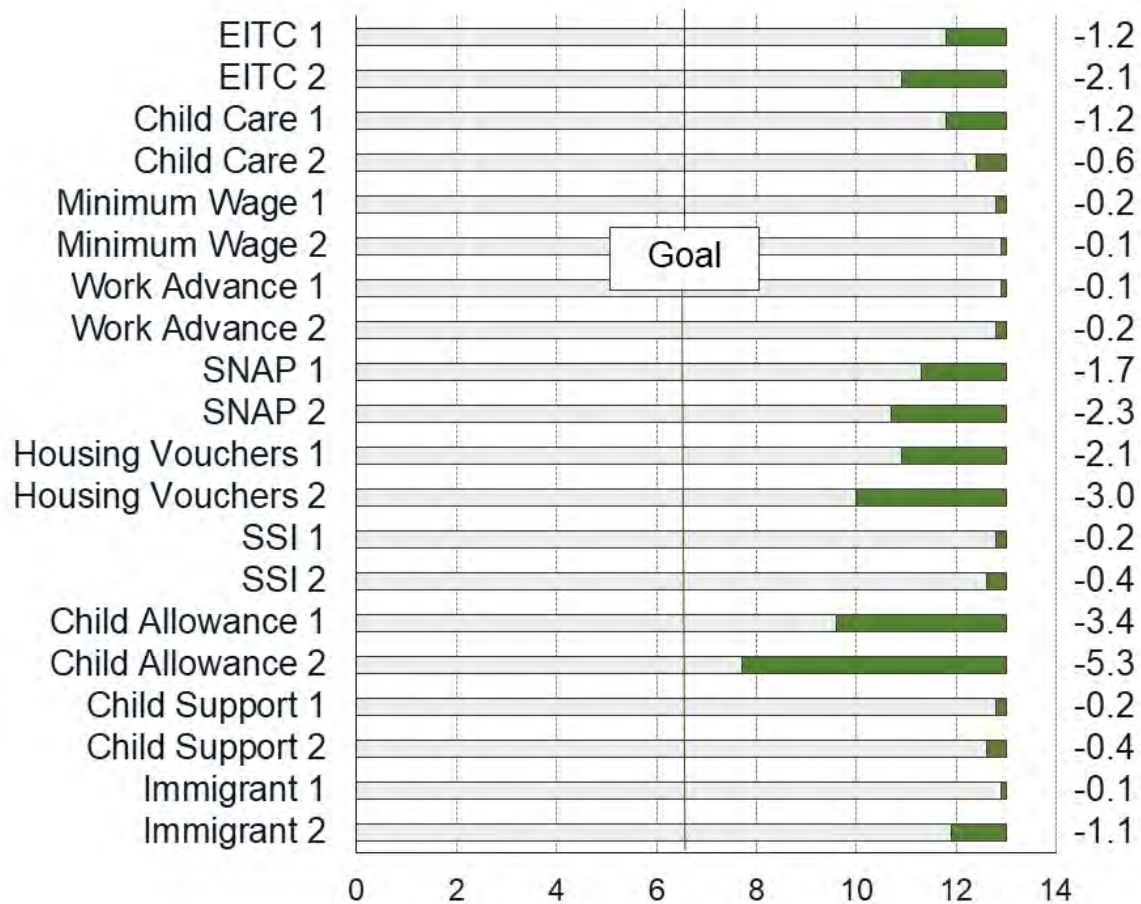
Modifications to existing safety net programs:

- Expand SNAP
- Expand the Housing Choice Voucher Program
- Expand SSI

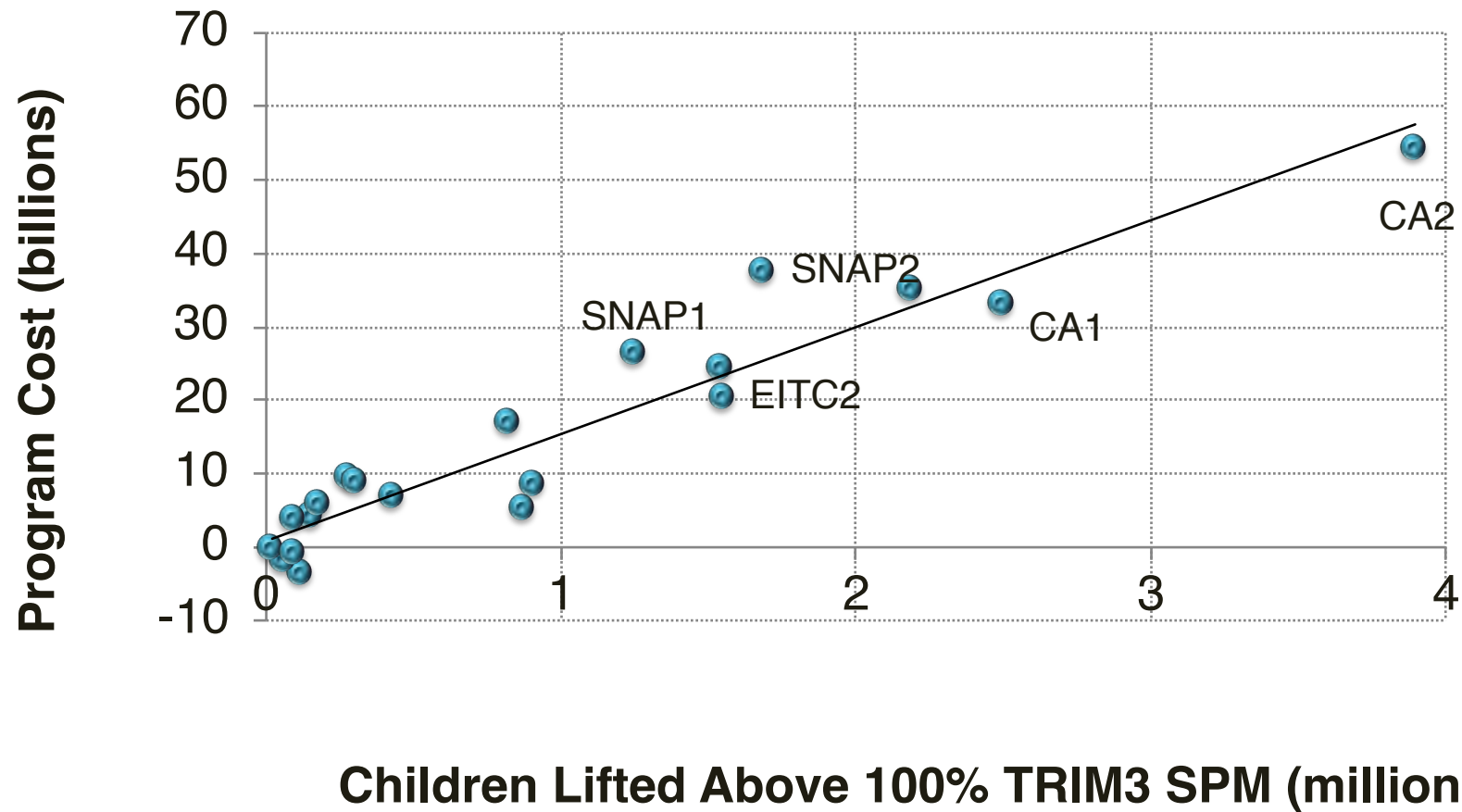
Policies used in other countries:

- Replace Child Tax Credit with a universal child allowance
 - Introduce a child support assurance program
- 

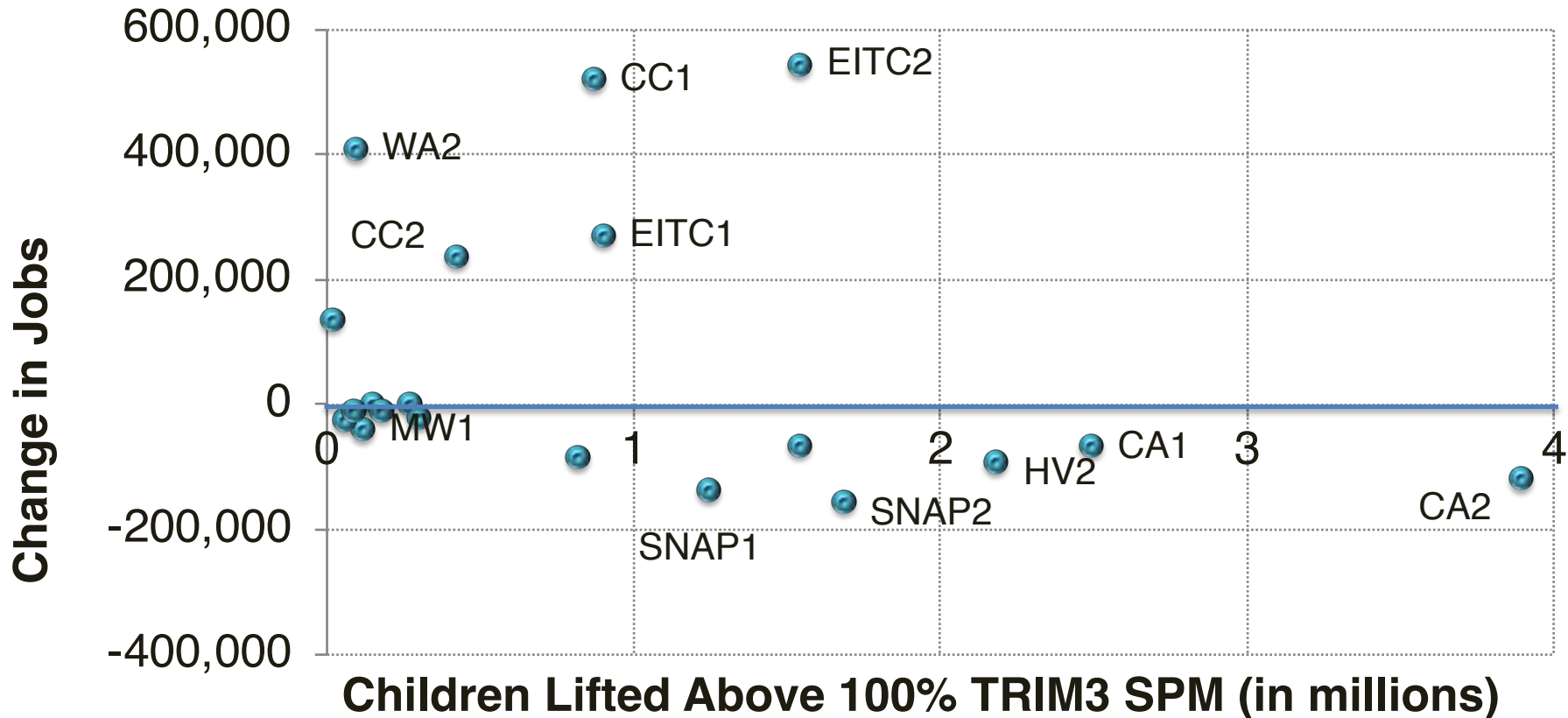
No Single Program or Policy Option Met the 50% Reduction Goal



More Effective Policies Generally Cost More



Some Policies Incentivized Employment; Others Didn't





The Committee developed:



20 individual policy and program options



4 policy and program packages



Composition and Impacts of Program and Policy Packages

	Work-oriented package			
Expand EITC	X			
Expand Child Care Tax Credit	X			
Increase the minimum wage	X			
Roll out WorkAdvance	X			
Expand housing voucher program				
Expand SNAP benefits				
Begin a child allowance				
Begin child support assurance				
Eliminate 1996 immigration eligibility restrictions				
Percent Reduction in the number of poor children	-18.8%			
Percent Reduction in the number of children in deep poverty	-19.3%			
Change in number of low-income workers	+1,003,000			
Annual cost, in billions	\$8.7			

Composition and Impacts of Program and Policy Packages

	Work-oriented package	Work-Based and Universal Support Package		
Expand EITC	X	X		
Expand Child Care Tax Credit	X	X		
Increase the minimum wage	X			
Roll out WorkAdvance	X			
Expand housing voucher program				
Expand SNAP benefits				
Begin a child allowance		X		
Begin child support assurance				
Eliminate 1996 immigration eligibility restrictions				
Percent Reduction in the number of poor children	-18.8%	-35.6%		
Percent Reduction in the number of children in deep poverty	-19.3%	-41.3%		
Change in number of low-income workers	+1,003,000	+568,000		
Annual cost, in billions	\$8.7	\$44.5		

Some Program and Policy Packages DID Meet the Goal

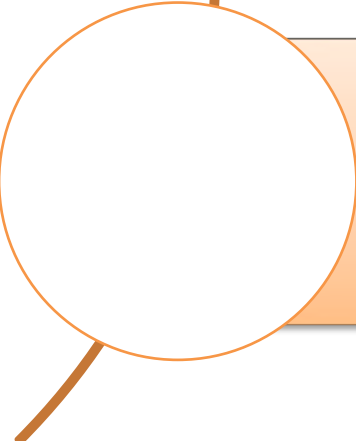
	Work-oriented package	Work-Based and Universal Support Package	Means-tested supports and work package	Universal supports and work package
Expand EITC	X	X	X	X
Expand Child Care Tax Credit	X	X	X	X
Increase the minimum wage	X			X
Roll out WorkAdvance	X			
Expand housing voucher program			X	
Expand SNAP benefits			X	
Begin a child allowance		X		X
Begin child support assurance				X
Eliminate 1996 immigration eligibility restrictions				X
Percent Reduction in the number of poor children	-18.8%	-35.6%	-50.7%	-52.3%
Percent Reduction in the number of children in deep poverty	-19.3%	-41.3%	-51.7%	-55.1%
Change in number of low-income workers	+1,003,000	+568,000	+404,000	+611,000
Annual cost, in billions	\$8.7	\$44.5	\$90.7	\$108.8



Lessons From the Packages:



Individual policy and program changes are insufficient



Bundling work-oriented and income-support programs can reduce poverty AND increase employment

Contextual Factors

Context can greatly influence the impact and success of anti-poverty programs and policies.

Stability & predictability of income

Equitable & ready access to programs

Equitable treatment across racial & ethnic groups

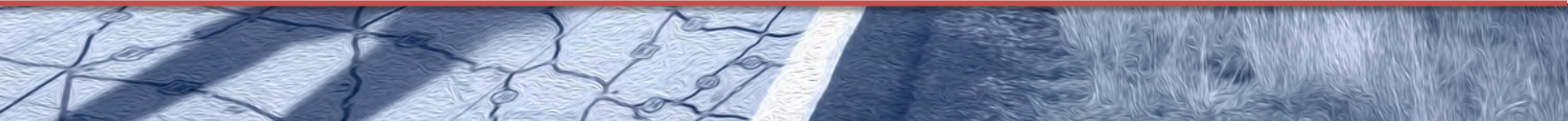
Equitable treatment by the criminal justice system

Positive neighborhood conditions

Health & well-being



Other program ideas



Other Programs Considered

Long-acting Reversible Contraception (LARC)

LARC devices reduce the incidence of unplanned births, which could in turn reduce child poverty.

Mandatory Work Policies

Evidence is insufficient to identify policies that would reliably reduce child poverty.

Marriage Promotion

Likely to reduce child poverty, but no successful models of marriage promotion

Other Programs Considered

Health insurance

Current poverty measures (SPM) do not incorporate health spending.

Policies for Native Americans

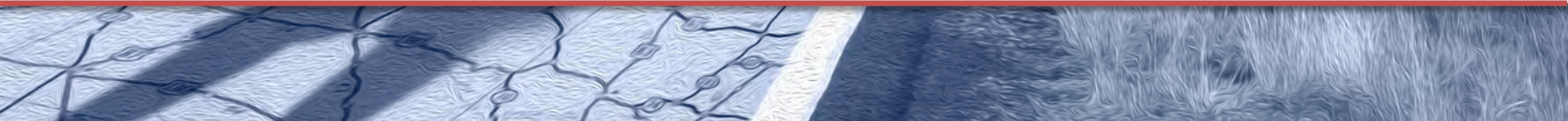
Small sample sizes in population surveys make it difficult to simulate effects for this group.

TANF

TANF had mixed effects on child poverty in the SR, and little effect on the LR.



Research Priorities and Next Steps





Research Priorities



State and local waivers to test new work-related programs, supported by federal funding



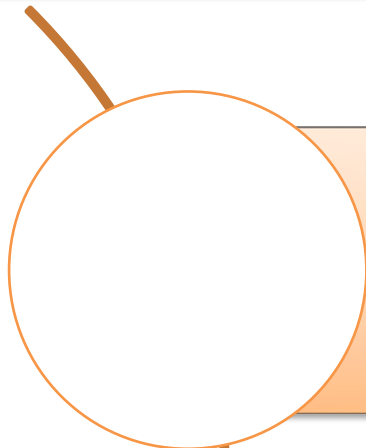
More research on contextual impediments



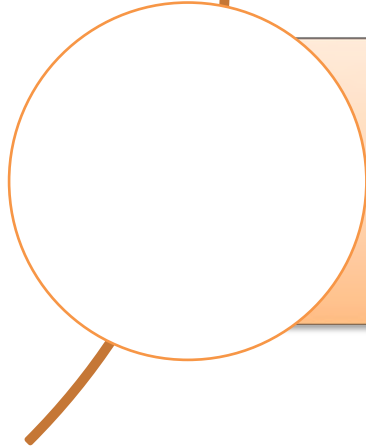
Improve federal data on poverty



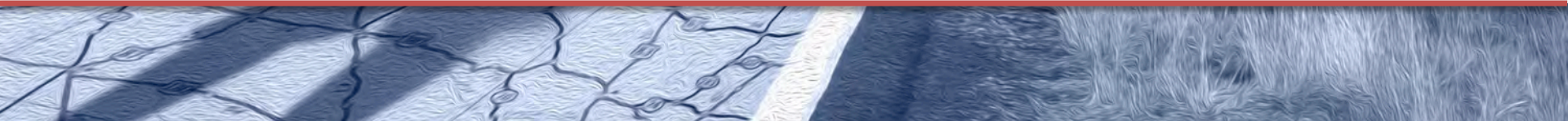
Next Steps



Establish a coordinating mechanism to ensure that the report is followed up and that well-considered decisions are made on priorities for new and improved anti-poverty programs and policies

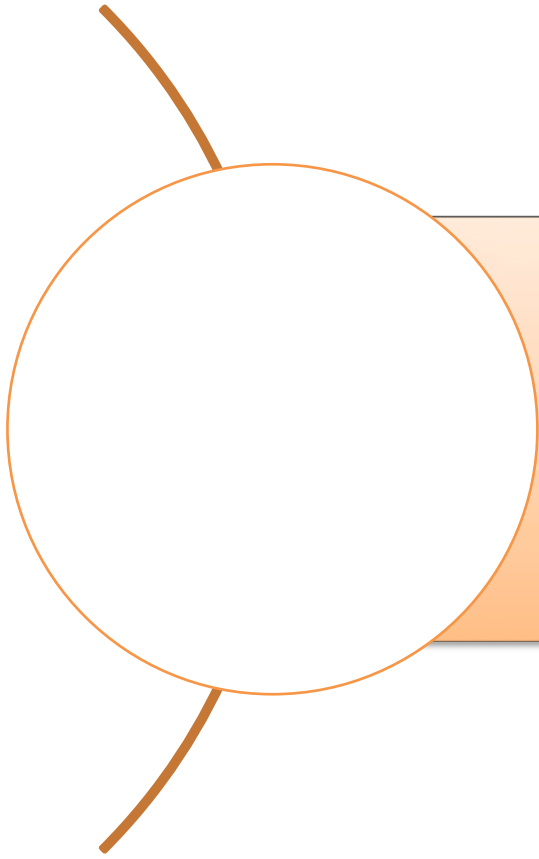


This mechanism should also ensure that the associated research and data needed for monitoring, evaluating, and further improvement are supported as well.





Summary



**Substantial reductions
in U.S. child poverty
are an attainable goal**

The Report



www.nap.edu/child-poverty





Thank you!

Contact:

Suzanne Le Menestrel, Study Director

Phone: 202-334-3993

Email: slemenestrel@nas.edu

Liz Townsend, Associate Program Officer

Phone: 202-334-1527

Email: etownsend@nas.edu





Impact Of Poverty

Angela Diaz, MD, PhD

Mount Sinai Adolescent Health Center

March 15, 2019



**Mount
Sinai**

*Adolescent
Health Center*

Stable Scheduling Study

Economic impact of unstable schedules:

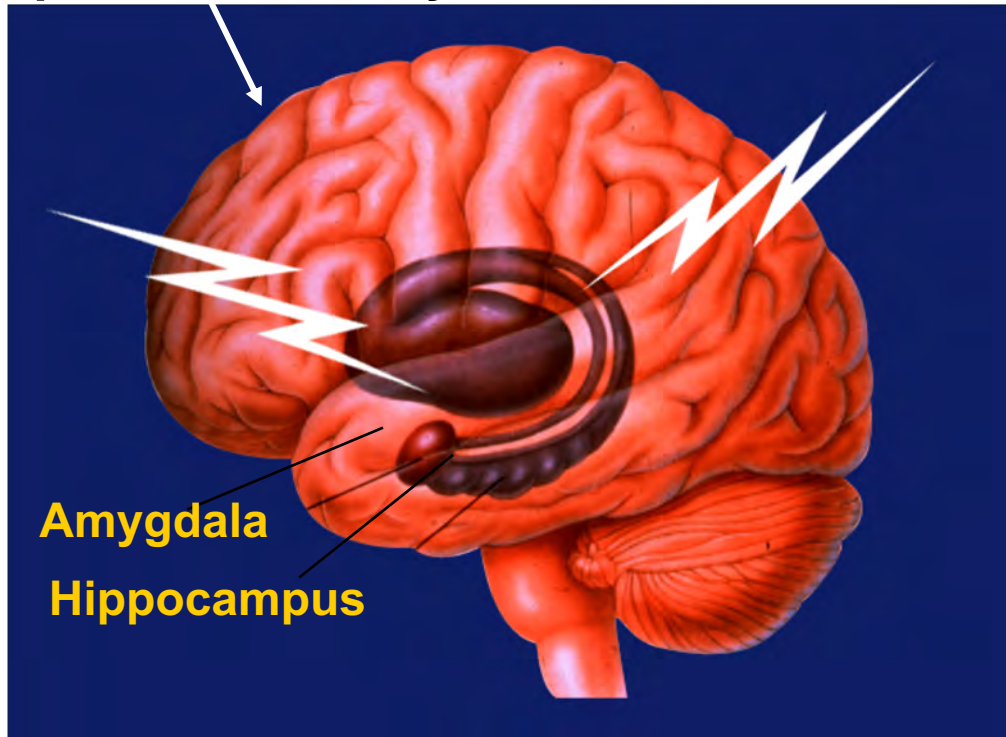
- 20% very or extremely difficult to cover basic living expenses
- 19% delayed getting prescriptions filled or going to the doctor due to money concerns (in past 3 months)
- 26% late on phone, gas, or electric bill (in past 3 months)
- 37% food didn't last and no money to buy more

The Human Brain Under Stress

Developmental effects on brain

Prefrontal cortex

Decision making, working memory,
Self regulatory behaviors: mood, impulses
Impaired with early life abuse



Hippocampus

Contextual, episodic, spatial memory

Smaller and less active

- Poverty
- Low self esteem
- Risk for PTSD

Amygdala

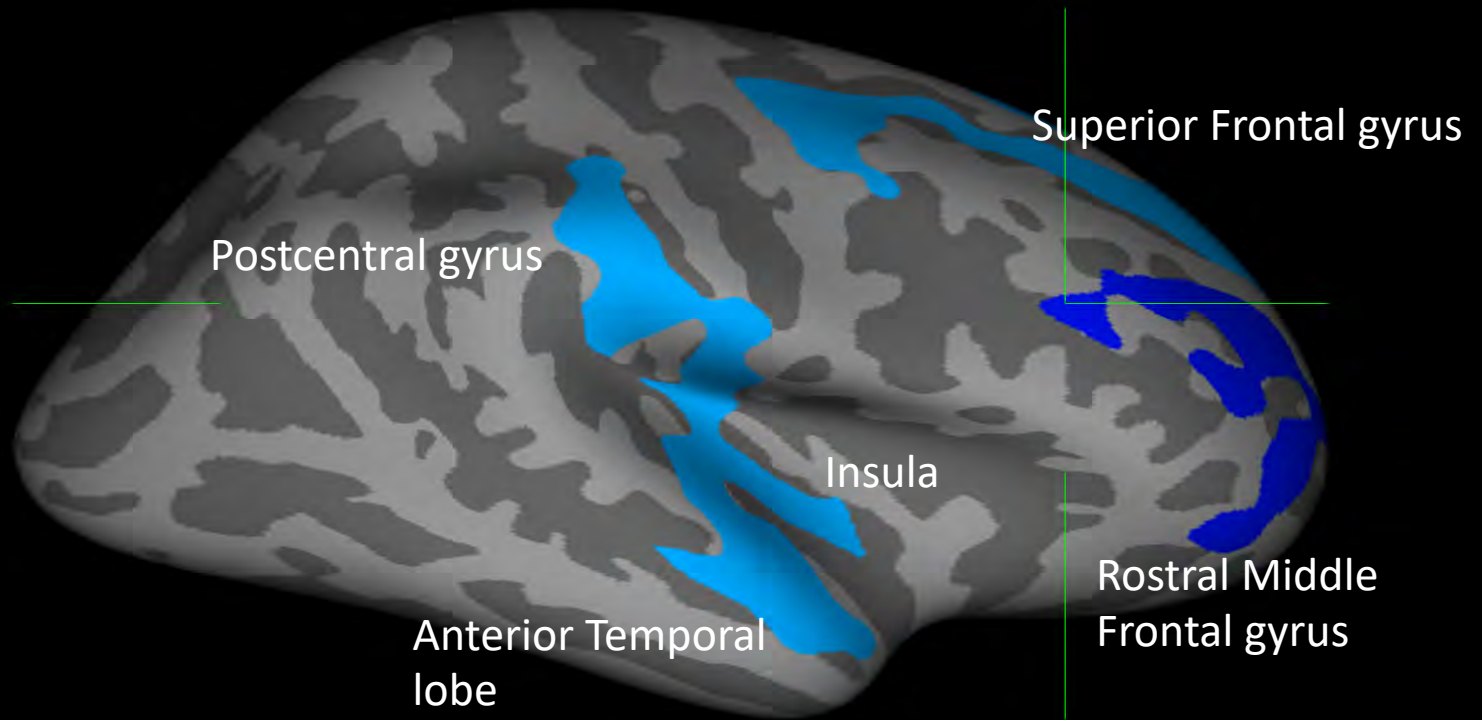
Emotion, fear, anxiety, aggression

Larger and more active in

- Depression
- Anxiety disorders
- Children living with a depressed mother

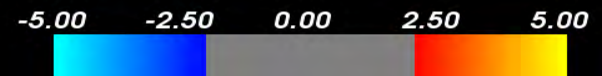
mc-z.neg.th13.sig.cluster.mgh
Contrast: rh-Avg-volume-fin_insuf-Cor
n=134, DOF=126

Financial Insufficiency and Reduced Cortical Volume



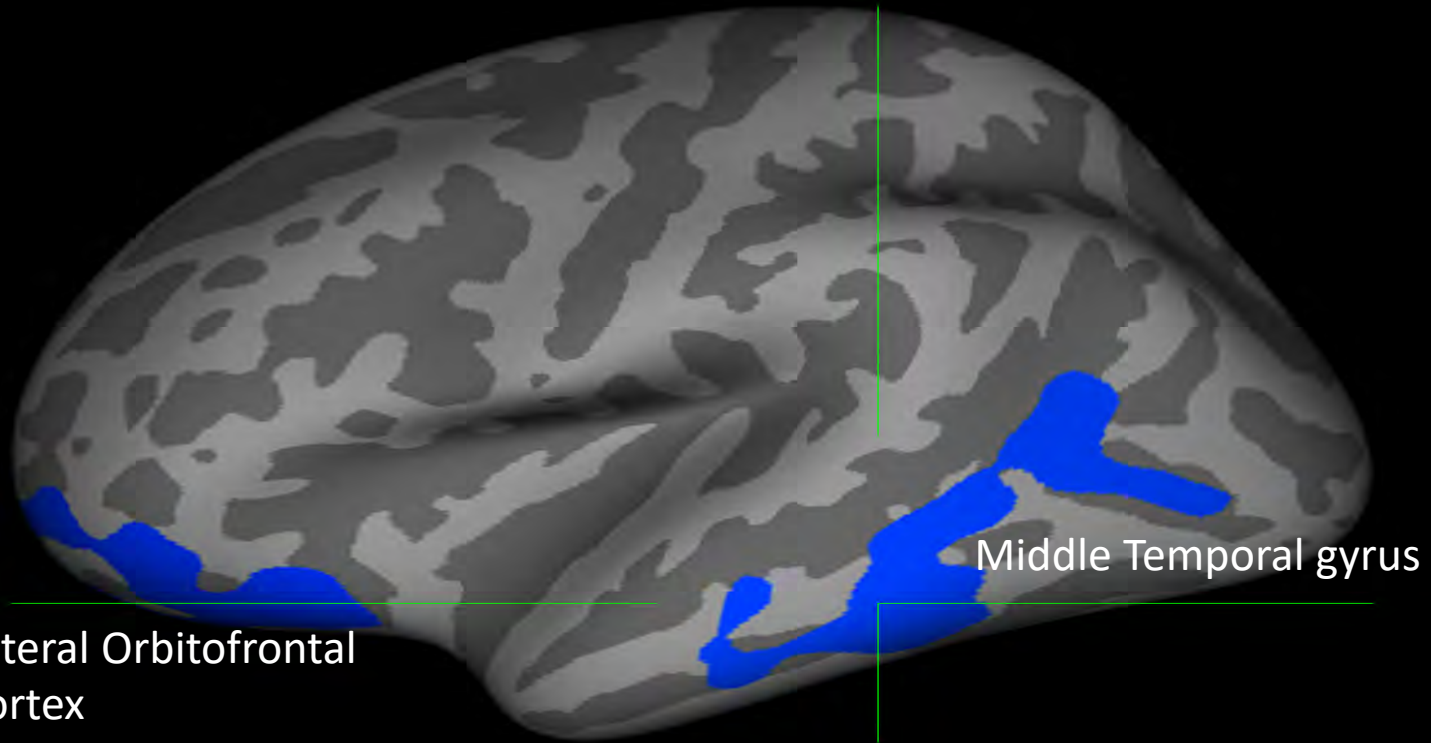
Right hemisphere

(17.90, 64.62, 12.36) Vertex #54 value -2.21 rostralmiddlefrontal



mc-z.neg.th13.sig.cluster.mgh
Contrast: lh-Avg-volume-fin_insup-Cor
n=134, DOF=126

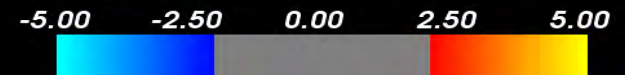
Financial Insufficiency and Reduced Cortical Volume



Lateral Orbitofrontal
Cortex

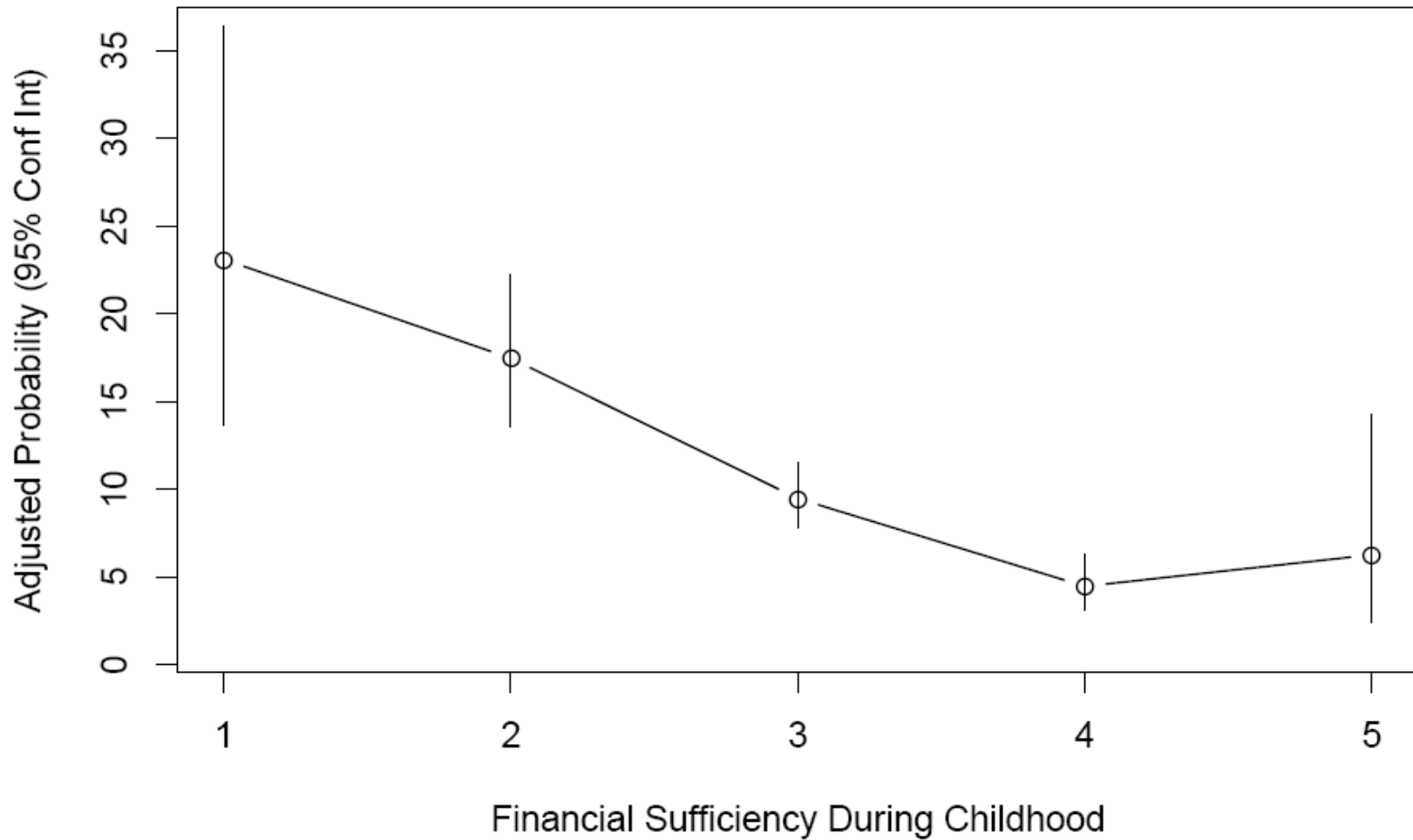
Middle Temporal gyrus

Left hemisphere

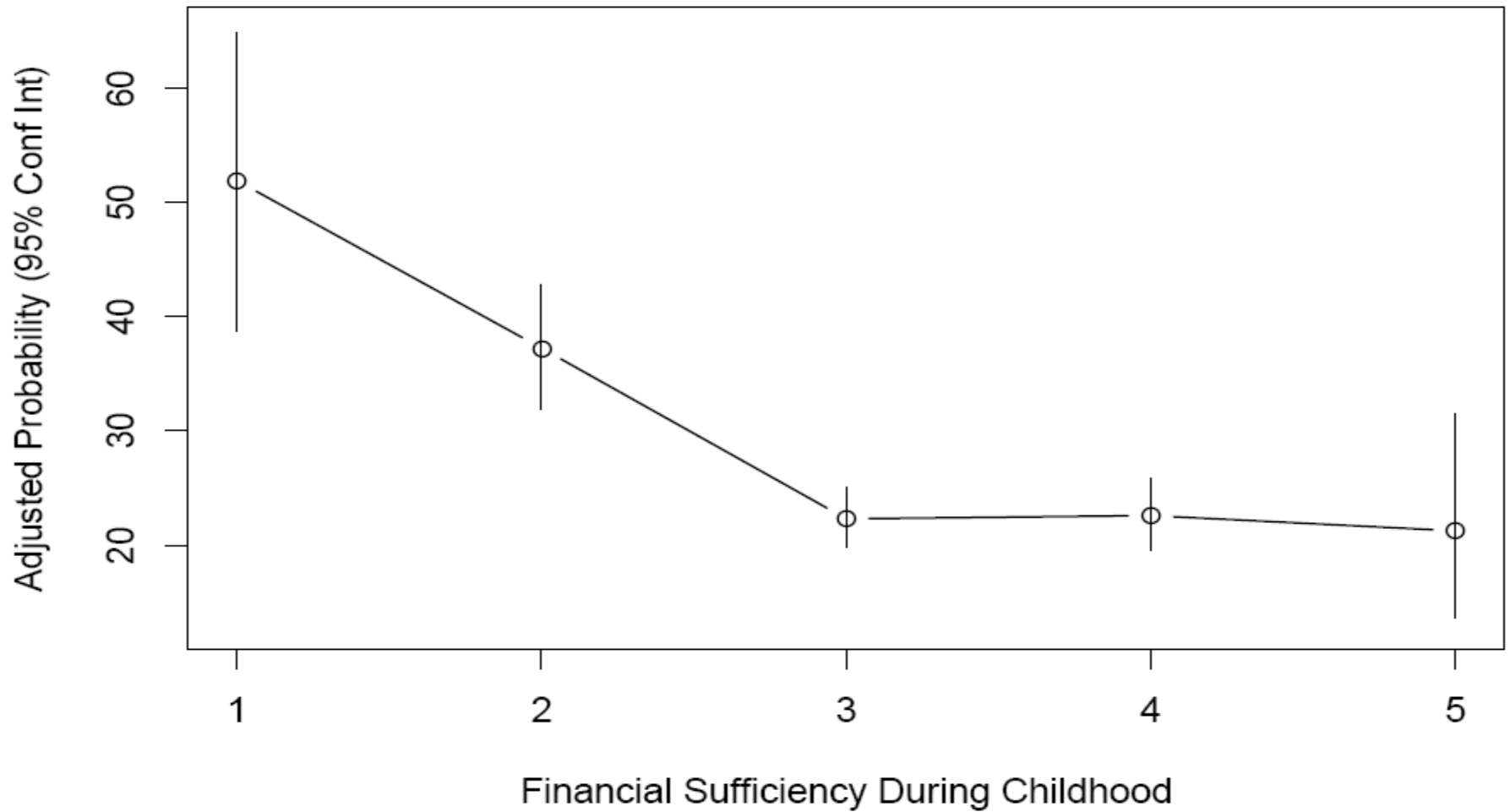


(-39.14, -29.51, -45.57) Vertex #84 value -2.74 middletemporal

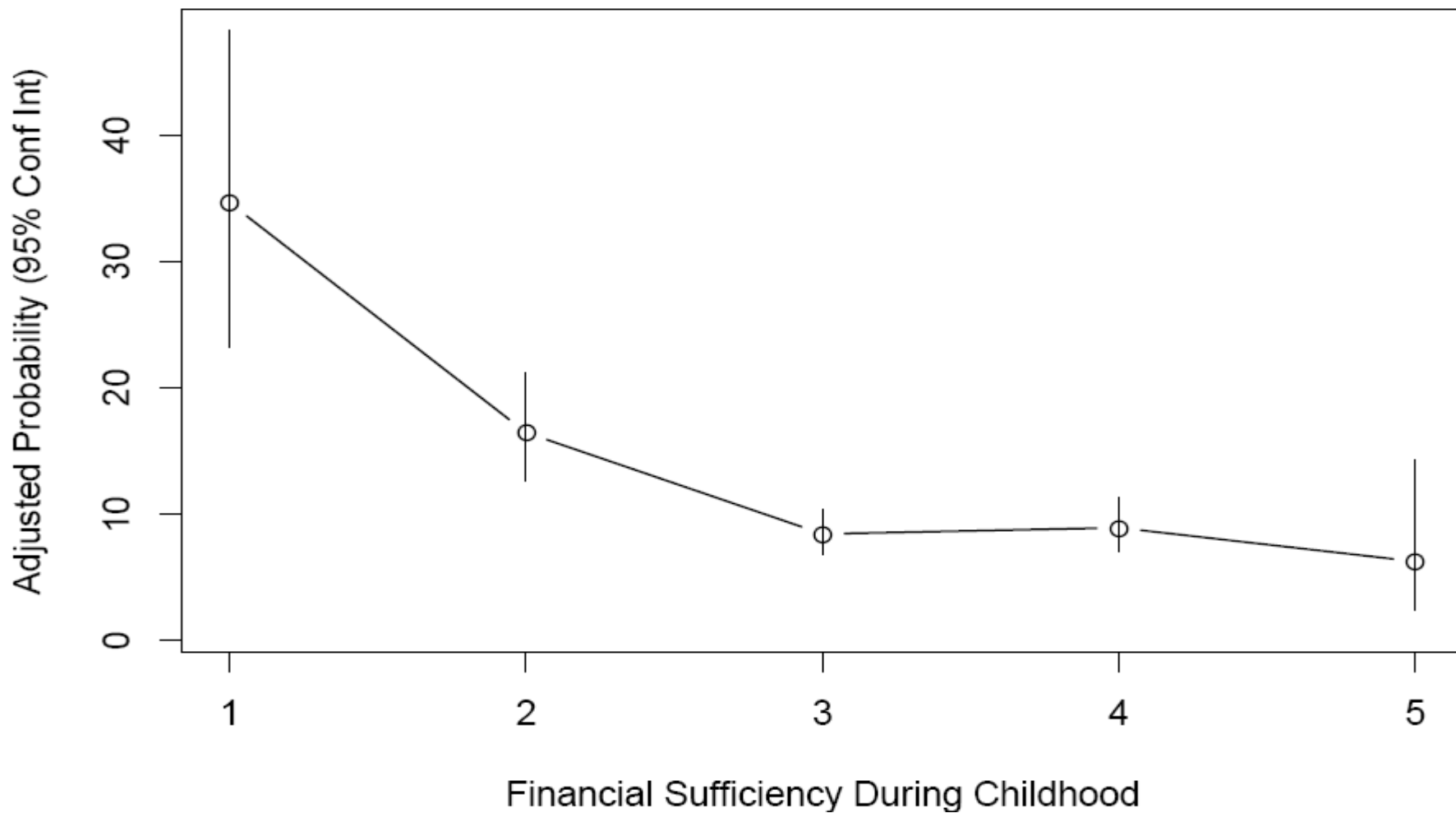
Witnessing Interparental Violence



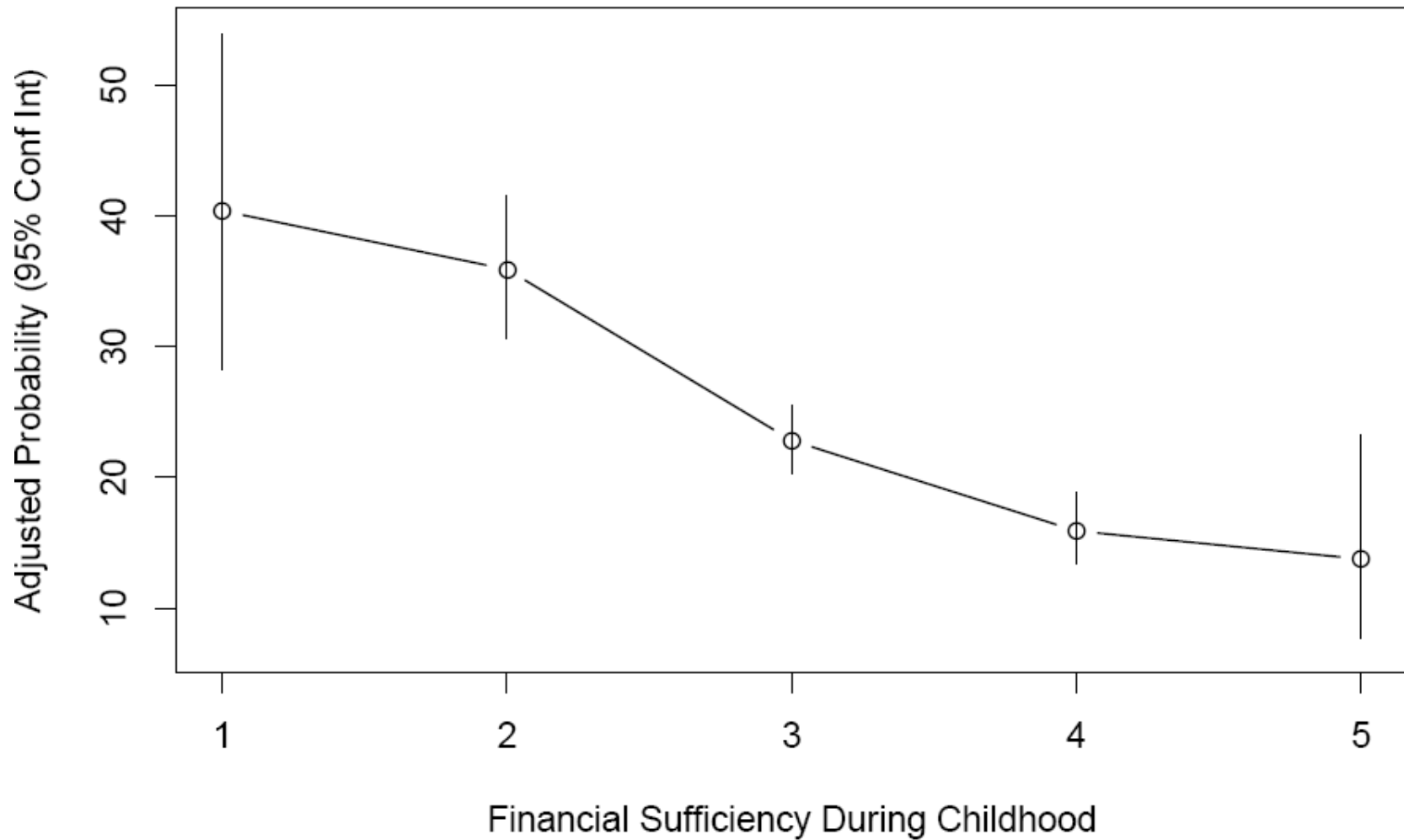
Emotional Neglect



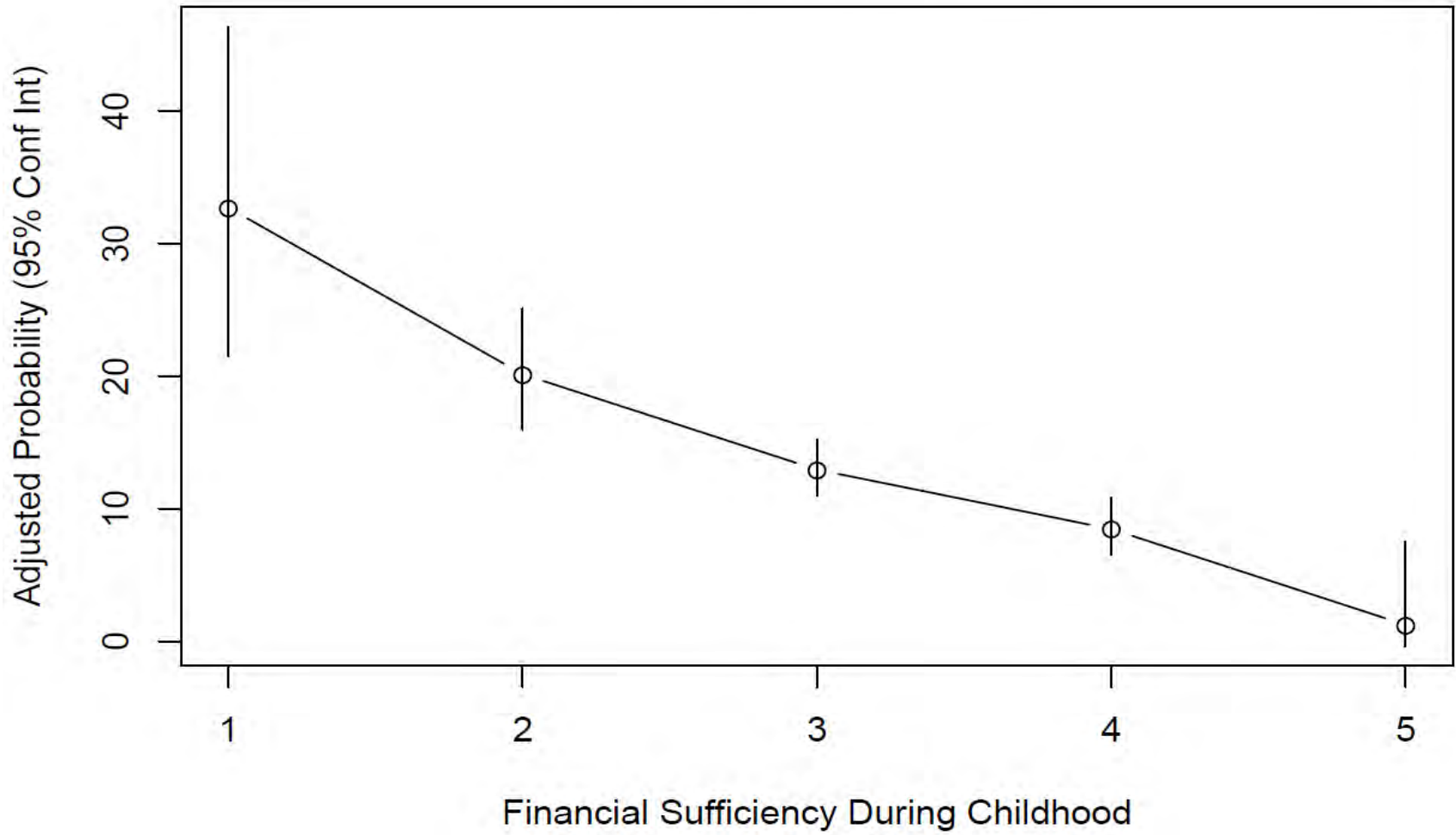
Physical Neglect



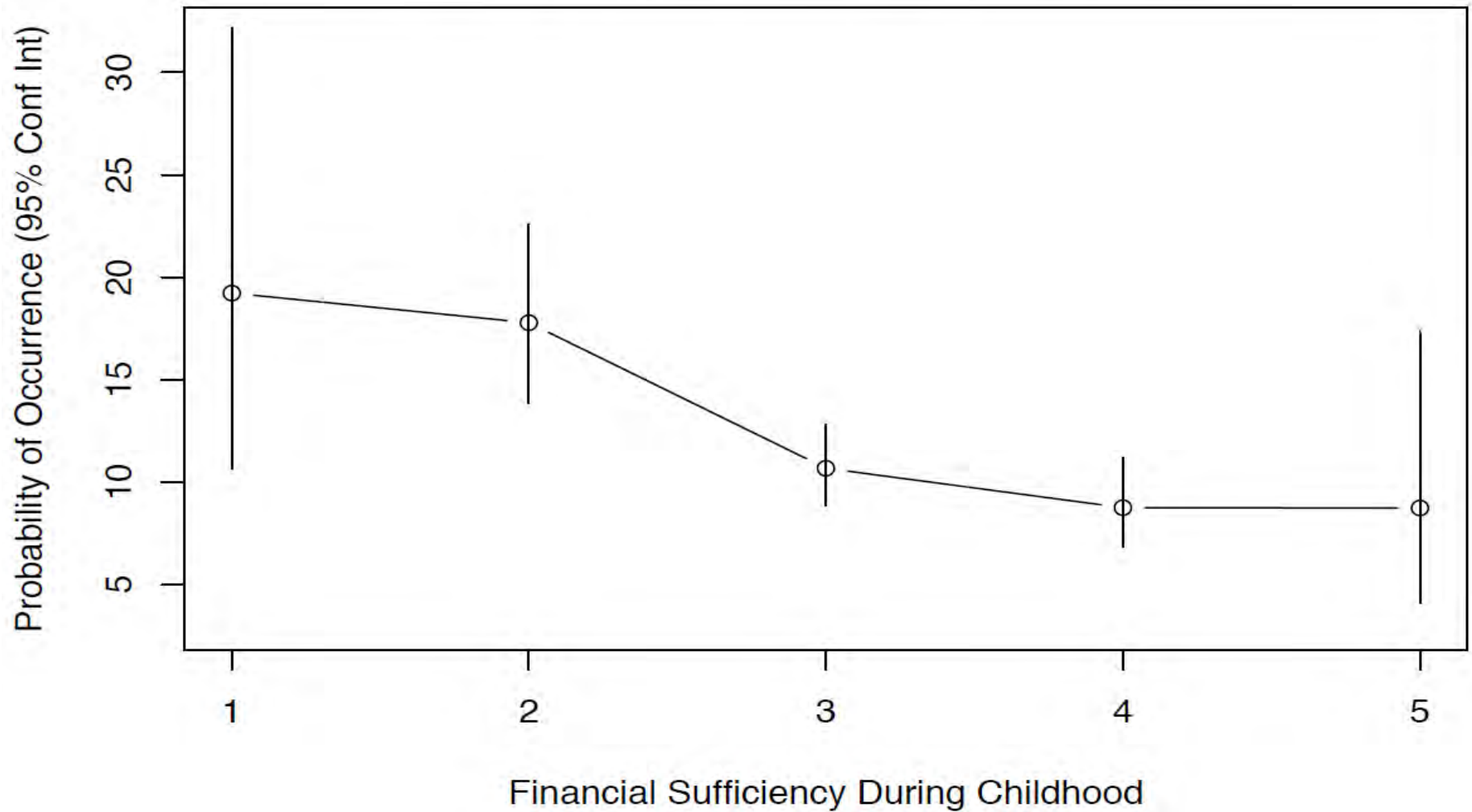
Parental Verbal Abuse



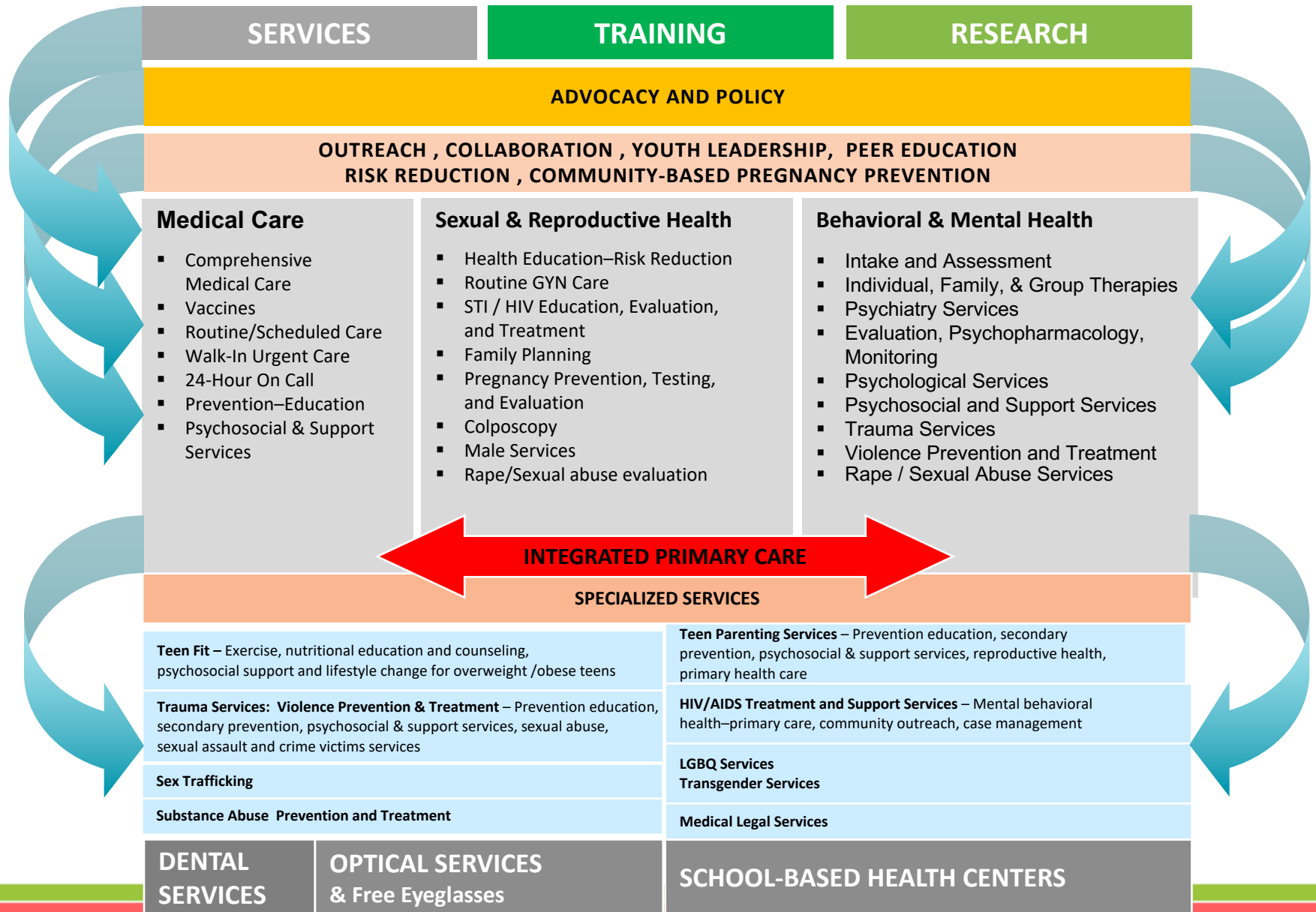
Parental Physical Abuse

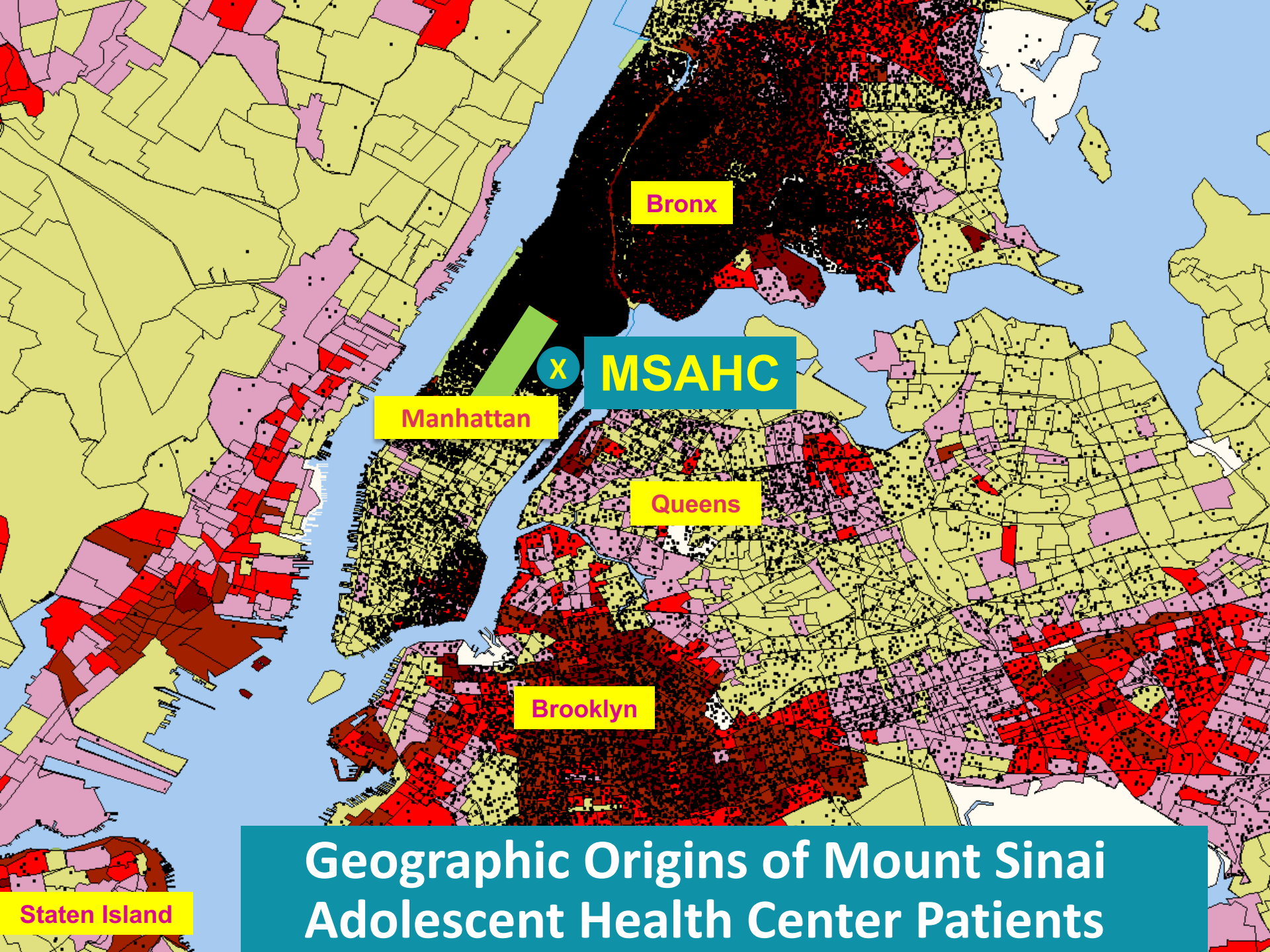


Sexual Abuse (Familial and Extrafamilial)



Mount Sinai Adolescent Health Center





Bronx

MSAHC

Manhattan

Queens

Brooklyn

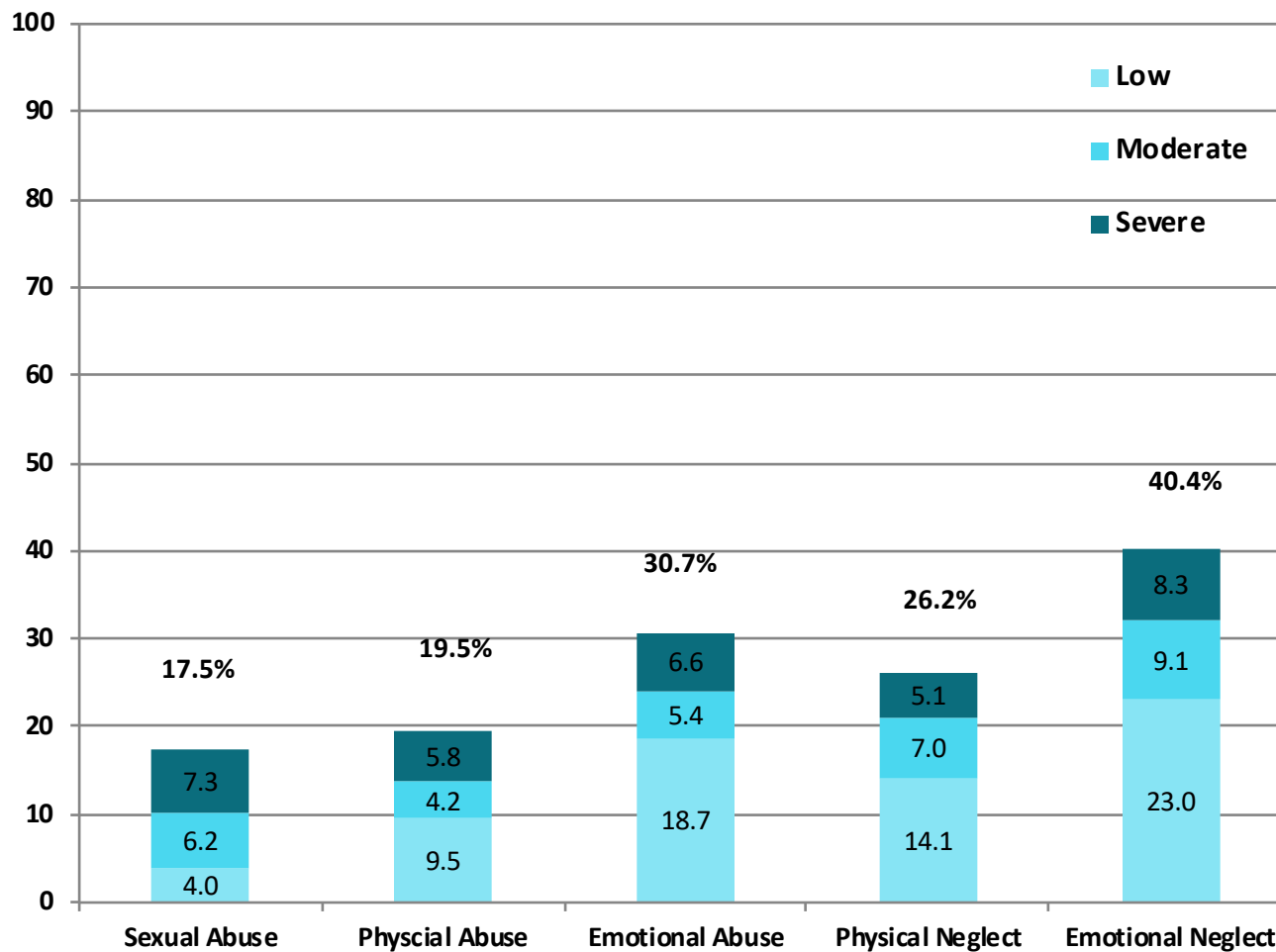
Staten Island

Geographic Origins of Mount Sinai Adolescent Health Center Patients

Mount Sinai Adolescent Health Center's Patients

- In 2018 we served over 12,000 youths at no cost to them
- Are ages 10 – 24
- Are poor (98%)
- Insurance Status
 - Medicaid 28%
 - Private Insurance 6%
 - Have No Insurance 66%
- Are urban Youth of-color
 - Latino (46%)
 - Non-Latino Black (43%)
 - Non-Latino Asian (2%)
 - Non-Latino White and “Other” (9%)

Research at Mount Sinai Adolescent Health Center: Disclosure of childhood abuse and neglect in a cohort of adolescent and young adult females



Research at Mount Sinai Adolescent Health Center: Disclosure of Childhood Physical and sexual abuse in primary care

- 2005 to 2007
- 506 participants females and males
 - 44.5% of the participants disclosed childhood physical abuse
 - 25% of participants disclosed childhood sexual abuse

Profile of Sexual Abuse Survivors

Age of Survivors at First Episode*

Age (years)	N
3-4	12
5-6	19
7-8	16
9-10	22
11-12	13
13-14	11
15-17	7

*mean age at first episodes was 8.8 years

Profile of Sexual Abuse Survivors

Total Number of Perpetrators

	Survivors	Perpetrators
	N	N
One	67	67
Multiple	33	98
Total	100	165

Profile of Sexual Abuse Perpetrators

Who were the Perpetrators?

	First Episode	All Episodes	
	N	N	(%)
Father	31	34	(21)
Father surrogate	22	32	(19)
Mother or surrogate	2	3	(2)
Siblings	7	13	(8)
Other relatives	23	36	(22)
Nonrelatives	15	47	(28)
Total	100	165	(100%)

Profile of Sexual Abuse Perpetrators

Age of Perpetrator at First Episode

Age (years)	N
10-19	20
20-29	19
30-39	28
40-49	20
50-59	5
60-69	7
70-79	3
unknown	4

*mean age of perpetrator was 32.0 years

Profile of Sexual Abuse Victimization

Duration of Abuse by First Perpetrator

	N
One day	21
2-6 days	1
1-3 weeks	3
1-5 months	9
6-11 months	4
12-23 months	11
2-5 years	30
6-10 years	18
>10 years	2
Did not remember	2

Profile of Sexual Abuse Victimization

Frequency of Abuse by First Perpetrator

Frequency	N
Once	21
Over 1 month apart	9
1-3 times per month	13
1-4 times per week	31
5-7 times per week	20
Do not remember	6

Multiple Types of Violence/Violence is a continuum

Additional Victimization

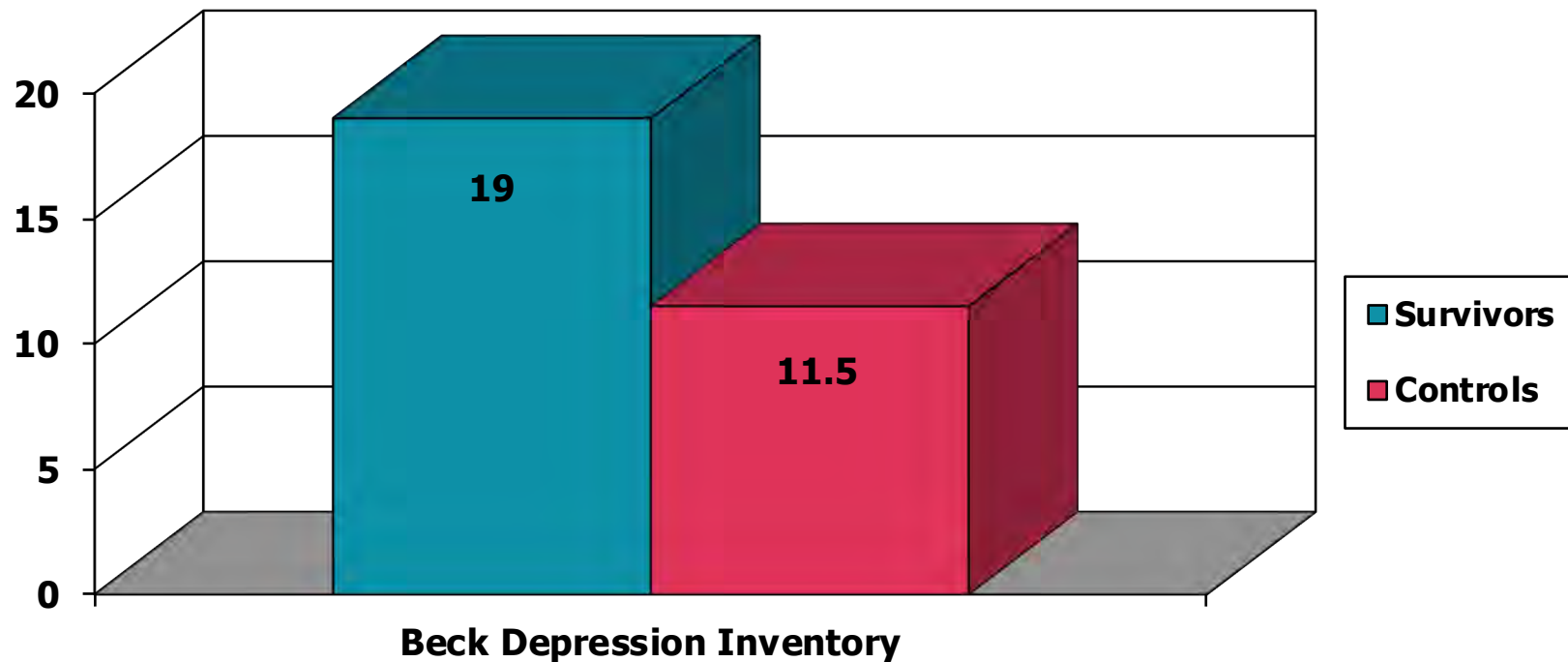
Abuse	N
sexual	100
physical	68
emotional	59
other sexual assault	28

Relationship status	
current	52
never	17

Relationship abuse	
ever	25

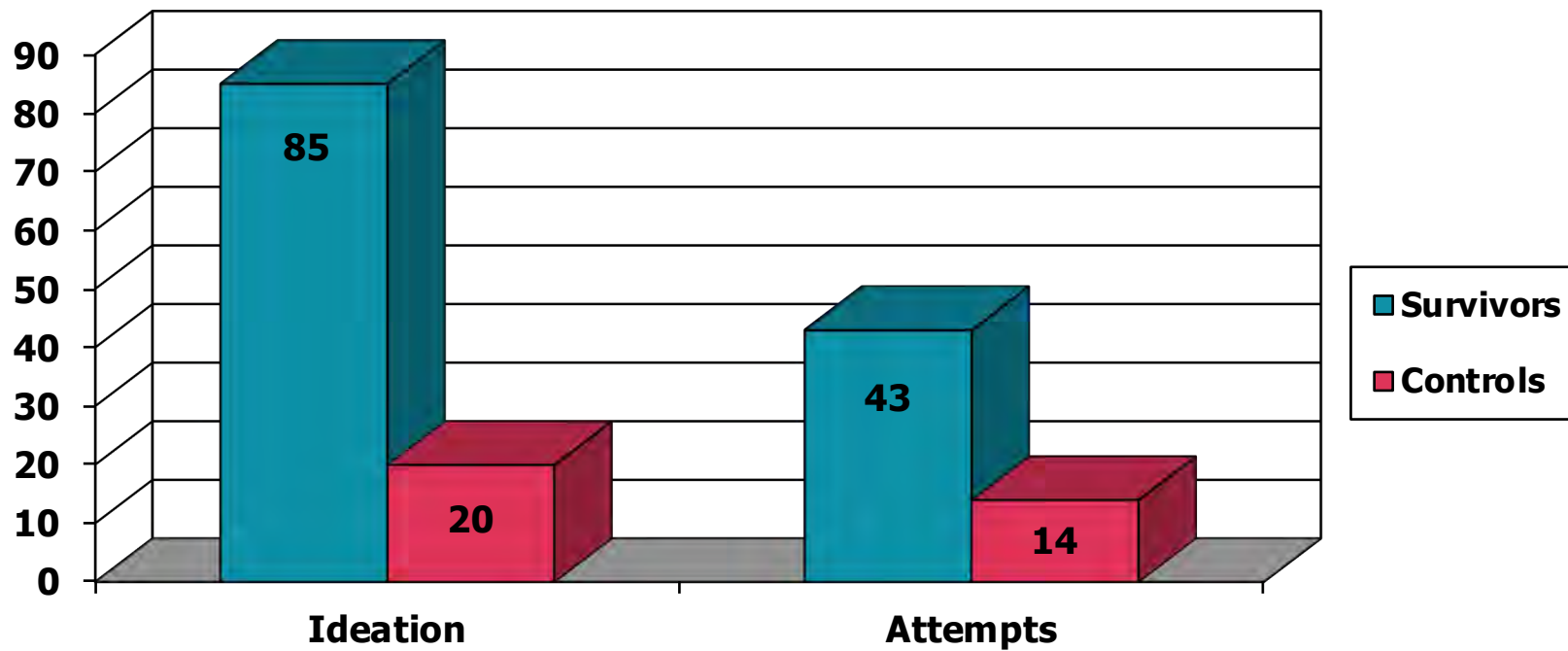
Sequella to Sexual Abuse Victimization

Percentage with Depressive Symptoms

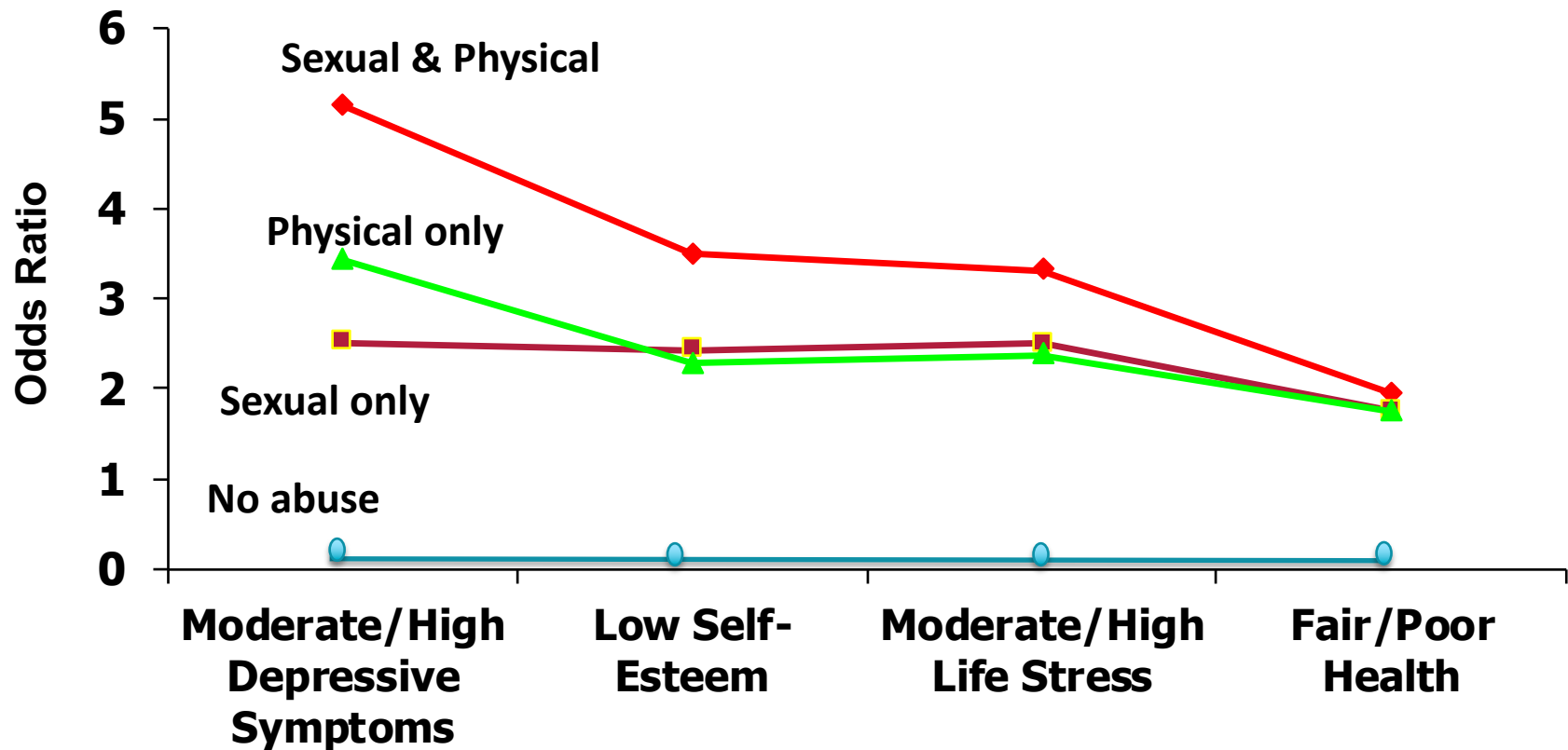


Sequella to Sexual Abuse Victimization

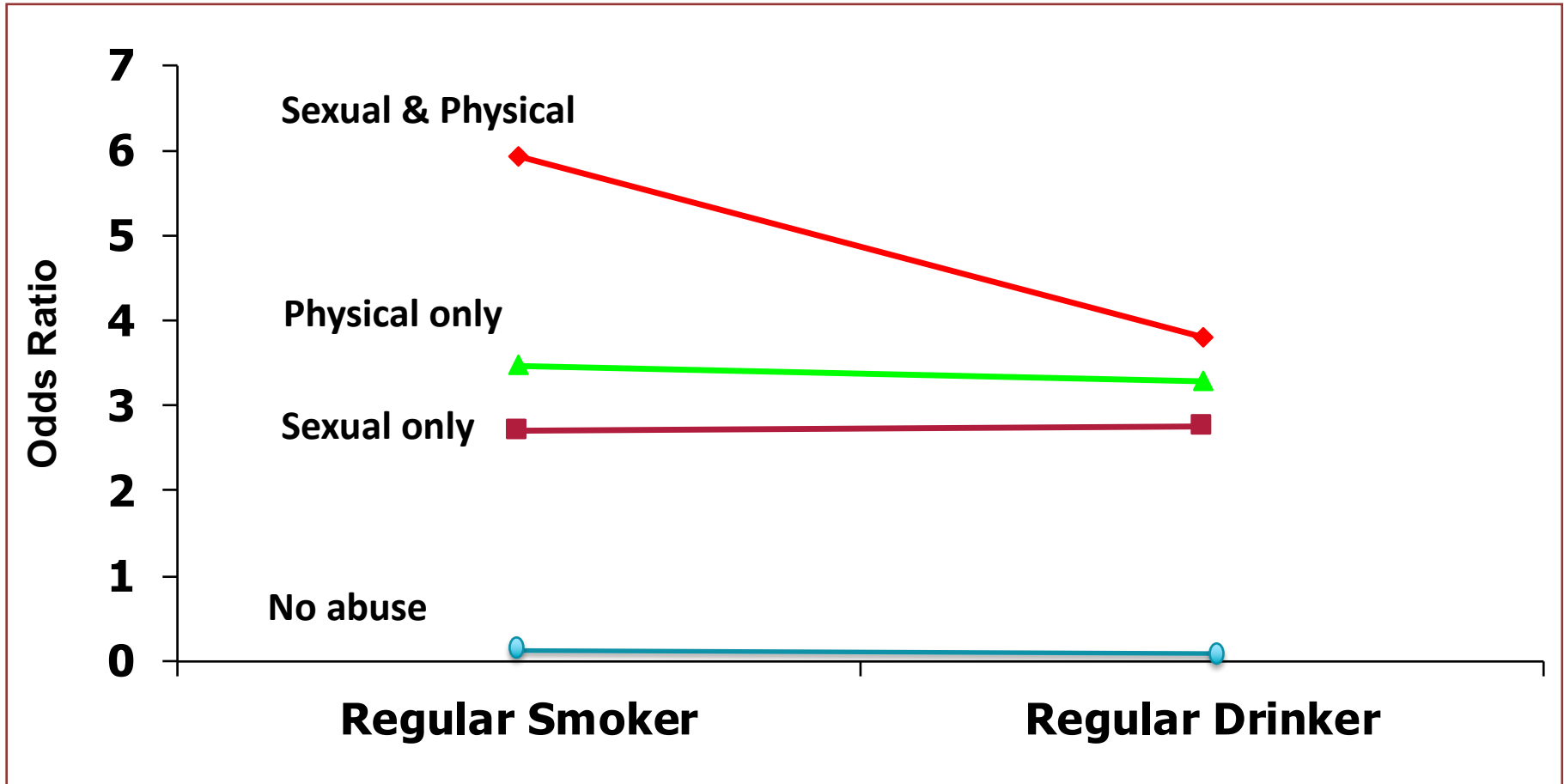
Percentage with Suicidality



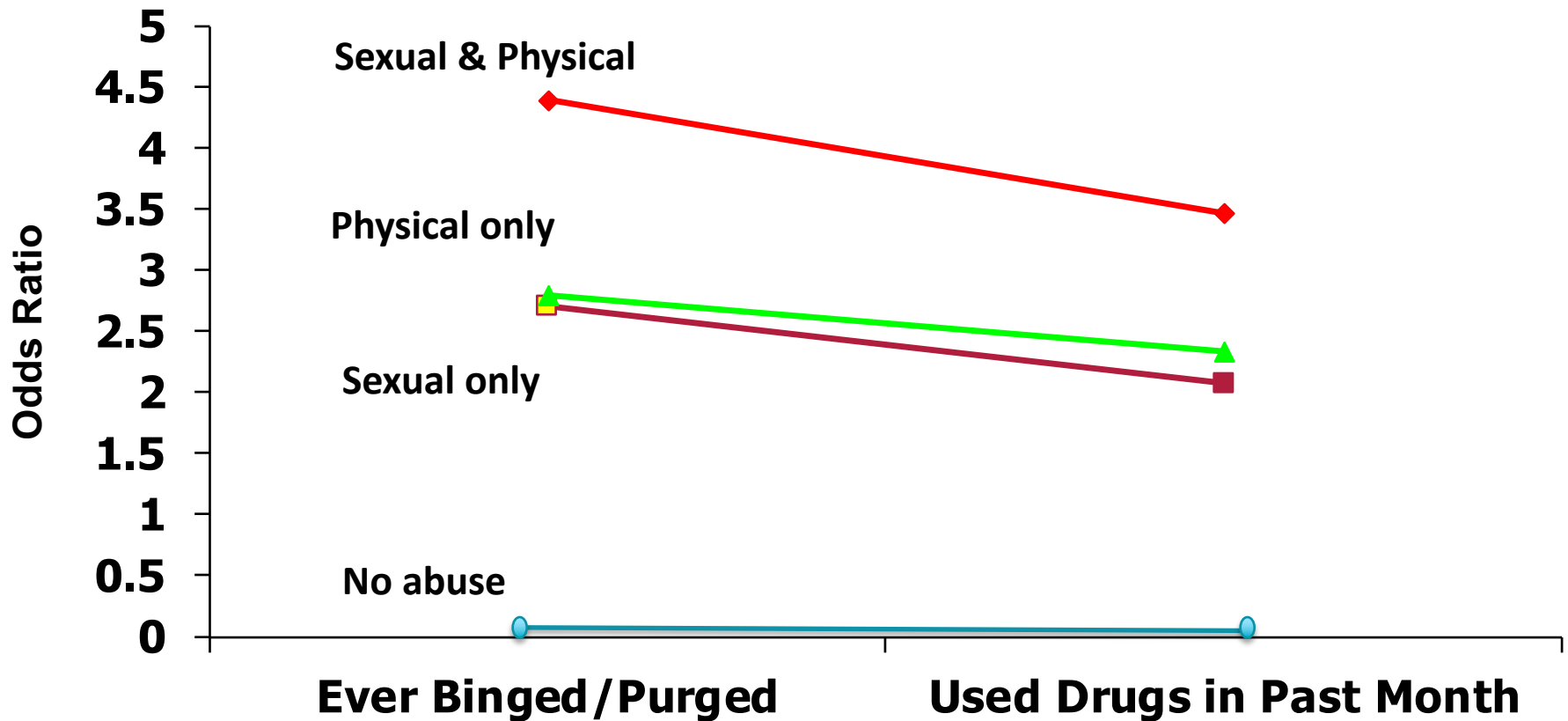
Independent Associations Between Abuse, Mental Health, and Health Status



Independent Associations Between Abuse and Substance Use



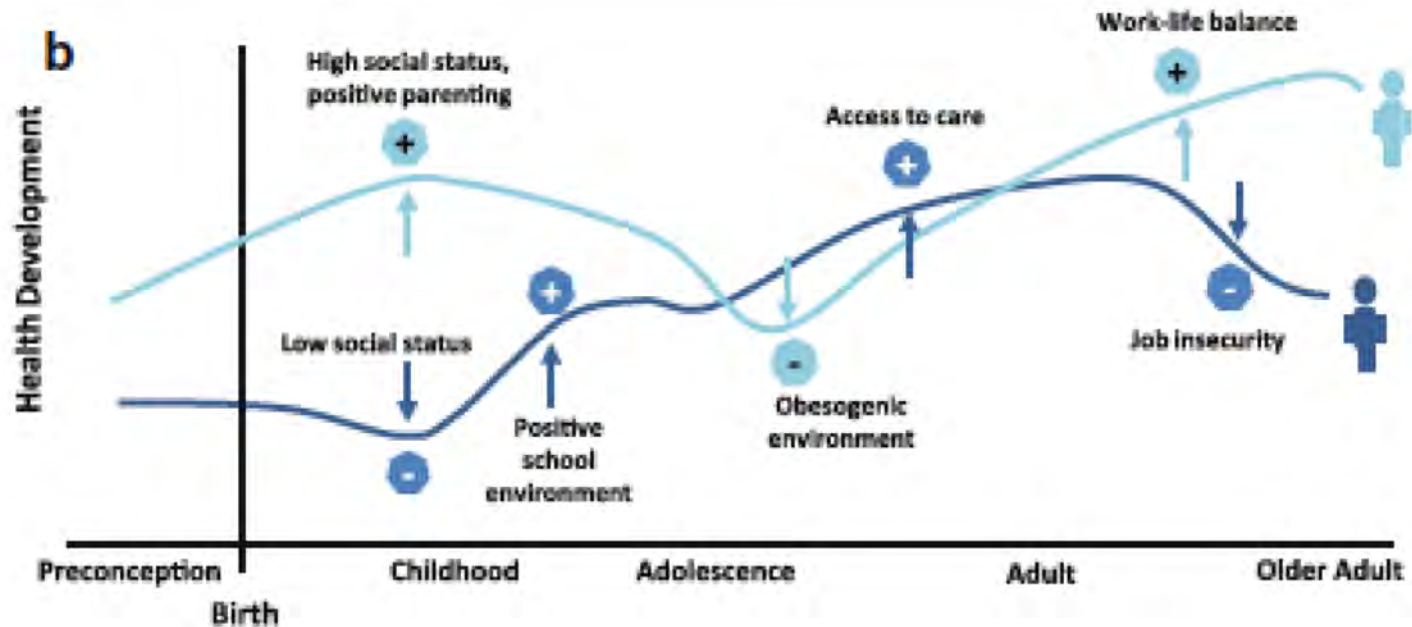
Independent Associations Between Abuse, Illicit Drug Use and Binge/Purge Behaviors



Lifecourse Health Development: Past, Present and Future

Neal Halfon · Kandyce Larson · Michael Lu ·
Ericka Tullis · Shirley Russ

Matern Child Health J (2014) 18:344–365
DOI 10.1007/s10995-013-1346-2



In terms of gene expression, life is a “one way street”
There is no such thing as true “reversal”; rather “resilience”
and “recovery” Changing trajectory for positive or negative



**Mount Sinai Adolescent Health Center is a
resource for you**

angela.diaz@mountsinai.org

website: teenhealthcare.org

212 423-2900