



KANSAS HEALTH INSTITUTE

CHILDREN'S HEALTH IN ALL POLICIES

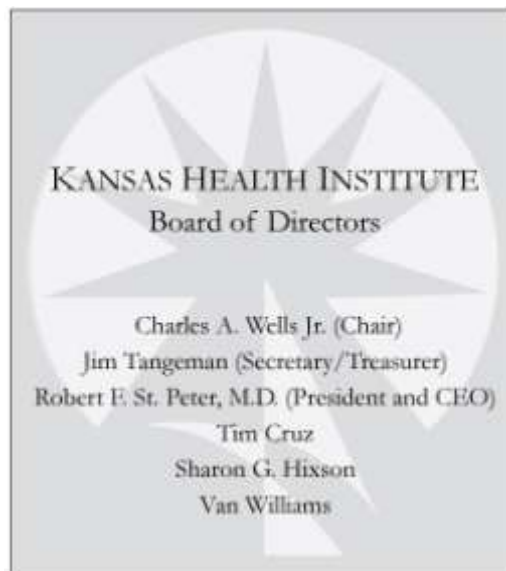
**POLICY OPTIONS FOR ADDRESSING
THE HEALTH OF KANSAS CHILDREN
LIVING IN POVERTY**

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February 2, 2010

Noon – 1:30 p.m.




The Kansas Health Institute is an independent, nonprofit health policy and research organization based in Topeka, Kansas.

Established in 1995 with a multi-year grant from the Kansas Health Foundation, the Kansas Health Institute conducts research and policy analysis on issues that affect the health of Kansans.

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KANSAS CHILDREN LIVING IN POVERTY: SLIDE I

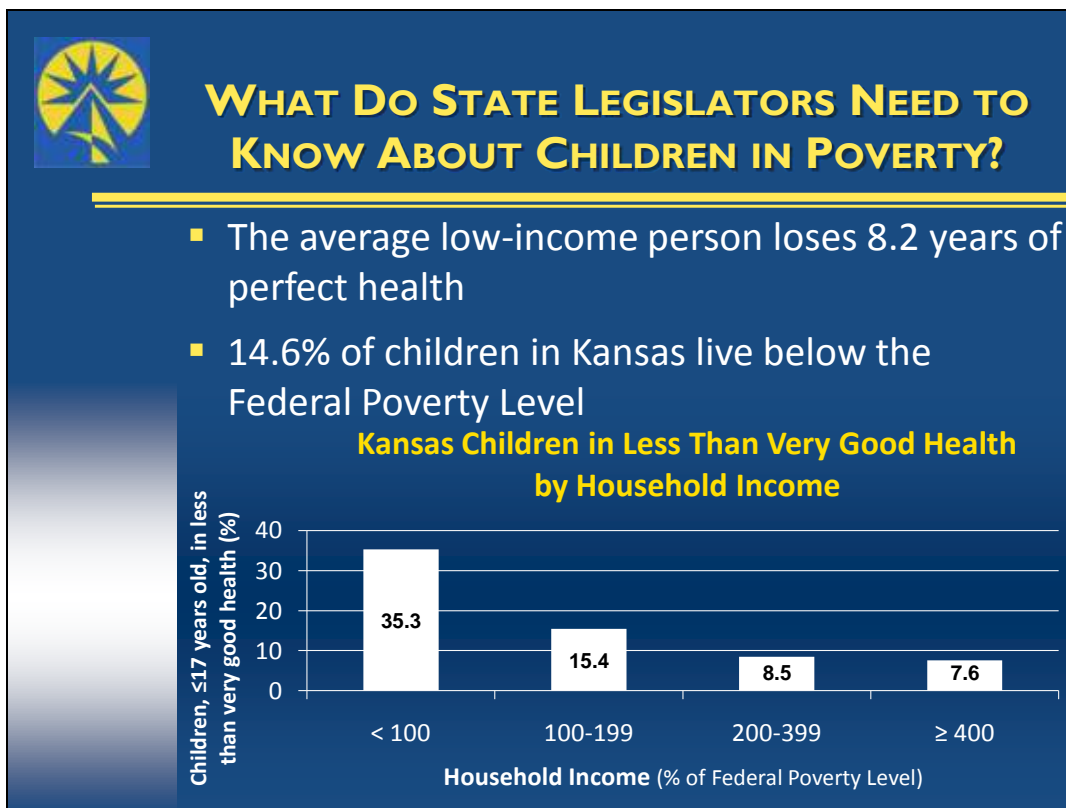


POLICY OPTIONS FOR ADDRESSING THE HEALTH OF KANSAS CHILDREN LIVING IN POVERTY

Children's Health in All Policies
February 2, 2010

Emily Meissen-Sebelius, MSW, Analyst
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KANSAS CHILDREN LIVING IN POVERTY: SLIDE 2



SLIDE 2 NOTES:

1. The connection between poor health and low socioeconomic status is frequently acknowledged in health and social policy research. Children and adults who live in poverty are at increased risk for cardiovascular disease, arthritis, diabetes, chronic respiratory diseases, mental health issues and other health-related problems.¹
2. Federal Poverty Guidelines (FPL) for a family of three in 2009 was a gross monthly income of less than \$1,526.²
3. “Perfect Health” is a concept created by a group of researchers from Columbia University’s Mailman School of Public Health who combined data from several national data sets to calculate health-related quality of life scores and mortality probability for various risk factors.³ Talking about “lost years of perfect health” thus reflects a loss in the number of quality-adjusted life years, based on estimations made from the amalgamated risk data.

¹ Adler, N.E. & Newman, K. (2002). Disparities in Health: Pathways and Policies. *Health Affairs*, 21(2), 60-76.

² Assistant Secretary for Planning and Evaluation. (2010). *Poverty Guidelines, Research, and Measurement*. Retrieved January 25, 2010, from <http://aspe.hhs.gov/poverty/>.

³ Muennig, P., Fiscella, K., Tancredi, D., & Franks, P. (2009). The Relative Health Burden of Selected Social and Behavioral Risk Factors in the United States: Implications for Policy. *American Journal of Public Health*. Printed online ahead of print December 17, 2009, e1-e7.

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4. The average person with low income loses 8.2 years of perfect health.⁴
 - a. The average person who drops out of high school loses 5.1 years.
 - b. The average person who is obese loses 4.2 years.

5. According to a study from the Robert Wood Johnson (RWJ) Foundation, Kansas children from lower-income families are less healthy than children from high-income families.⁵
 - a. Children below 100 percent FPL are more than four times as likely to be in less-than-optimal health, compared to higher-income children.
 - b. Children 100-199 percent of FPL are twice as likely to be in less-than-optimal health.

6. Overall, 13.7 percent of Kansas parents reported children in less-than-optimal health, a 2.2 percent deficit, compared to the national average of 15.9 percent.⁶
 - a. Kansas ranked 20th among states based on the size of the gap in children's general health status by family income.

7. The RWJ Foundation also found that Kansas children in households without a high school graduate are four times as likely to experience less-than-optimal health as children living with an adult who has completed some college.⁷
 - a. 42 percent of children in households without a high school graduate reported being in less-than-optimal health.

8. In 2008, 14.6 percent of all Kansas children lived in families with incomes at or below FPL.⁸
 - a. 12.3 percent of kids ages 5-17 lived in poverty.
 - b. 18.4 percent under the age of 5 lived in poverty.

⁴ Muennig, P., Fiscella, K., Tancredi, D., & Franks, P. (2009).

⁵ Robert Wood Johnson Foundation Commission to Build a Healthier America (2008). *Unrealized Health Potential: A Snapshot of Kansas*. Retrieved January 8, 2010, from www.commissiononhealth.org/PDF/RWJ039_StateSnaps_Kansas.pdf.

⁶ Robert Wood Johnson Foundation Commission to Build a Healthier America (2008).

⁷ Robert Wood Johnson Foundation Commission to Build a Healthier America (2008).

⁸ U. S. Census Bureau. (2008). *Model-Based Small Area Health Insurance Estimates (SAHIE) for Counties and States*. Retrieved January 3, 2010, from <http://www.census.gov/hhes/www/sahie/>.

KANSAS CHILDREN LIVING IN POVERTY: SLIDE 3



WHAT CAN STATE LEGISLATORS DO?

- Invest in critical early childhood programs
- Help schools address academic achievement disparities related to poverty and poor health
- Support educational initiatives or skill/technical training for parents and adolescents
- Support health improvement and/or community development projects in low-income communities
- Promote asset accumulation for low-income families
- Reduce barriers and increase outreach to families eligible for state assistance programs

SLIDE 3 NOTES:

Because various policy sectors can influence health and poverty, many reports and studies recommend that a combination of policies, when implemented together, can provide the most benefit. ^{9, 10, 11, 12}

1. The 2008 *State Strategies to Reduce Child and Family Poverty* report, from the National Governor's Association Best Practices Center, recommends: ¹³
 - a. Expanding safety-net opportunities, such as unemployment insurance, for families in crisis;
 - b. Increasing the returns on work by creating or expanding state earned income tax credits;

⁹ Erwin, P. (2008). Poverty in America: How Public Health Practice Can Make a Difference. *American Journal of Public Health*. 98 (9), 1570-1572.

¹⁰ Hoffman, L. (2008). *State Strategies to Reduce Child and Family Poverty*. Retrieved January 8, 2010, from <http://www.nga.org/portal/site/nga/menuitem.50aeae5ff70b817ac8ebb856a11010a0>.

¹¹ Children's Defense Fund. (2006). *Improving Children's Health: Understanding Children's Health Disparities and Promising Approaches to Address Them*. Retrieved January 8, 2010, from www.childrensdefense.org/child.../Childrens-Health-Disparities-Report-2006.pdf.

¹² The John D. and Catherine T. MacArthur Foundation Research Network on Socioeconomic Status and Health. (2007). *Reaching for a Healthier Life: Facts on Socioeconomic Status and Health in the U.S.* Retrieved January 11, 2010, from <http://www.macses.ucsf.edu/News/NEWS.html>.


¹³ Hoffman, L. (2008).

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- c. Promoting savings and asset accumulation by connecting families to banking opportunities, savings accounts, and financial literacy programs;
- d. Improving the consumer environment in poor neighborhoods by enacting anti-predatory legislation and expanding consumer options, such as grocery and retail stores and banks;
- e. Increasing access to education and training by expanding financial aid for working adults;
- f. Improving access to work supports by coordinating policies for benefit programs and expanding benefits that support work, such as child care subsidies;
- g. Investing in young children through home visiting initiatives and prekindergarten programs; and
- h. Strengthening family relationships through teen pregnancy prevention, responsible fatherhood and marriage and relationship education programs.

KANSAS CHILDREN LIVING IN POVERTY: SLIDE 4



WHAT ARE OTHER STATES DOING?

- Connecticut
 - The first state to legally set a poverty target. Also established a Child Poverty & Prevention Council
- Maine
 - Parents as Scholars -- a student aid program for low-income parents enrolled in 2- or 4-year college programs; includes comprehensive support programs
- Washington
 - Early Childhood Education and Assistance Program provides statewide, comprehensive early childhood education and assistance services

SLIDE 4 NOTES:

1. *Connecticut:*

- a. In 2004, Connecticut was the first state to legally set a poverty target with the goal of cutting childhood poverty in half by 2014.
- b. Connecticut also formed a Child Poverty and Prevention Council that:¹⁴
 - i. Reports annually on progress towards the goal of reducing childhood poverty;
 - ii. Focuses on the governor's budget, as well as on poverty and prevention reports from other state agencies;
 - iii. Chose 13 specific policy priorities for reducing childhood poverty based on expert panel recommendations.

Examples: Earned Income Tax Credit (EITC), child-care subsidies for low-income families up to 200 percent of FPL, education investments in areas such as teacher quality, early childhood and postsecondary education and family-structure supports.¹⁵

¹⁴ Connecticut Commission on Children (2009). *Connecticut's Plan for Reducing Childhood Poverty*. Retrieved January 12, 2010, from <http://www.cga.ct.gov/coc>.

¹⁵ Levin-Epstein, J.& Gorzelany, K.M. (2008). *State Governments and the New Commitment to Reduce Poverty in America*. Retrieved January 8, 2010, from www.clasp.org/admin/site/publications/files/o408.pdf.

2. *Maine*: The Parents as Scholars program (PaS) is a student aid initiative that helps low-income parents who are enrolled in two or four-year college programs.¹⁶
 - a. Maine's Legislature created it in 1997 as part the state's welfare reform plan;
 - b. The Maine Department of Health and Human Services manages the program;
 - c. PaS is targeted toward parents who are eligible for, but not necessarily receiving, Temporary Assistance to Needy Families with Children (TANF).
 - d. It requires that a recipient's postsecondary educational program must significantly improve his or her ability to become self-supporting;
 - e. The program includes support services such as child care, transportation reimbursement, car repair assistance, eye and dental care and books and supplies.
 - f. Researchers surveyed parents enrolled in PaS during their participation in the program and then two years later. After two years, surveys indicated that:¹⁷
 - i. About 80 percent of participants were employed, and 67 percent had received their degrees.
 - ii. Those who had graduated were significantly more likely to be employed in jobs that provided benefits than were non-graduates (85.7 percent vs. 35.3 percent, respectively).
 - iii. Graduates' average wages increased by 40.6 percent after two years.

3. *Washington*: The Early Childhood Education and Assistance Program provides statewide, comprehensive early childhood education and assistance services to support the healthy development and success of children in low-income families or children who are otherwise at risk of school failure.¹⁸
 - a. It is administered by the Washington State Office of Community Development;
 - b. The ECEAP is composed of four interactive components: education, health and nutrition, parent involvement and family support;
 - c. The program focuses on helping children age three to four prepare for and succeed in school while helping their parents' progress toward self-sufficiency.
 - d. A 2001 longitudinal evaluation indicates:¹⁹
 - i. 52 percent fewer children and families were at or below the poverty level in Year 9 than at enrollment.
 - ii. 57 percent fewer children and families were at or below the poverty level in Year 10 than at enrollment.
 - iii. 20 percent fewer children and families in the control group were at or below the poverty level in Year 10 than at enrollment.

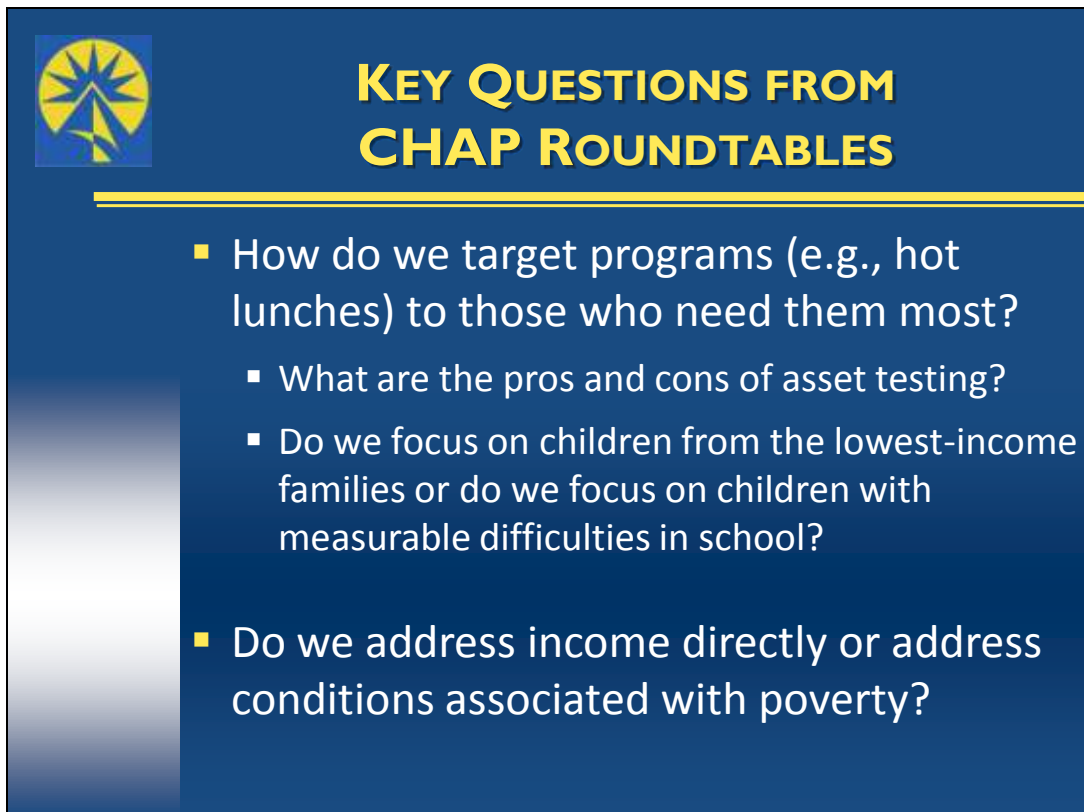
¹⁶ Maine Equal Justice. (2009). *Parents as Scholars Program*. Retrieved January 13, 2010 from http://www.ptla.org/mej/pas_guide.htm.

¹⁷ Butler, S.S., Deprez, L.S., & Smith, R.J. (2003). *Parents as Scholars: A Model Post-Secondary Education Program for Low-Income Women in the New Welfare Landscape*. Retrieved January 25, 2010, from <http://www.mejp.org/PaSeduworks.htm#Implications for TANF Reauthorization>.

¹⁸ Promising Practices Network. (2010). *Programs that Work*. Retrieved January 8, 2010, from <http://www.promisingpractices.net/program.asp?programid=96>.

¹⁹ Washington State's Early Childhood Education and Assistance Program. (2001). *An Investment in Children and Families: Years 9 & 10 Longitudinal Study Report*. Retrieved January 14, 2010, from <http://www.del.wa.gov/publications/eceap/>.

KANSAS CHILDREN LIVING IN POVERTY: SLIDE 5



The slide features a blue background with a yellow and blue logo in the top left corner. The title 'KEY QUESTIONS FROM CHAP ROUNDTABLES' is written in yellow. Below the title, three bullet points are listed in white text, each preceded by a yellow square. The first bullet point asks about targeting programs like hot lunches, with two sub-bullets asking about asset testing and focus on children from low-income families or those with school difficulties. The second main bullet point asks about addressing income directly or conditions associated with poverty.

SLIDE 5 NOTES:

Asset Testing

1. Most social welfare programs use income eligibility as a way of targeting programs to families with lower incomes.
 - a. Programs like TANF, food stamps, Medicaid and CHIP use income eligibility, but states can also choose to employ asset testing, which would take into account assets such as cars, houses or savings.
 - b. Other programs, such as Social Security Insurance (SSI) or Housing Assistance programs have federal requirements for asset-testing.
2. Little conclusive evidence exists about the effects of asset-testing on targeting programs to appropriate recipients.²⁰
 - a. Some reports claim that asset testing and strict documentation requirements prohibit eligible children from participating in programs that would benefit them.
 - b. Others say these requirements provide a way to prohibit public assistance programs from benefiting those who could support themselves without the assistance.

²⁰ Chen, H. & Lerman, R. (2005). *Do Asset Limits in Social Programs Affect the Accumulation of Wealth?* Retrieved January 20, 2010, from www.urban.org/url.cfm?ID=311223.

3. Research shows that when states eliminated asset tests for CHIP, participation increased for children in the state.²¹
 - a. Most states, including Kansas, have eliminated asset-tests for CHIP.
4. Other studies have shown asset-testing can lower savings and asset accumulation among some low-income families.^{22, 23}

Problems Associated with Poverty

5. Numerous studies have shown that childhood poverty is highly correlated with poor academic performance, lower IQ scores and an increased risk of dropping out of school.^{24, 25, 26}
 - a. Children who experienced poverty in preschool and early school years had lower rates of school completion than children who experience poverty only in later years.
 - b. Children who lived in poverty longer had worse outcomes.
6. Specific components in a home environment are affected by poverty and influence a child's intellectual development.²⁷
 - a. Poverty has a significant negative effect on cognitive stimulation. Since cognitive stimulation has a significant positive effect on intellectual development, poverty may be detrimental to the intellectual development of children.
 - b. Parenting style, although it is less-strongly influenced by poverty, has an effect on intellectual development.
 - c. Poverty's effect on childhood academic achievement varies in relationship to age and length of time in poverty, parents' occupation and source of income, parents' educational attainment, cognitive stimulation, physical environment, neighbors' influence, physical well-being and parenting style.
7. Evidence suggests that addressing income directly, through programs like EITC or cash assistance, can help mitigate negative effects of poverty.²⁸
8. Evidence also suggests that directly addressing the negative conditions associated with poverty, for example through programs that increase cognitive stimulation in early childhood or teach parenting skills, can be effective in closing achievement gaps and in reducing other negative outcomes associated with poverty.²⁹
 - a. Many child advocates recommend targeting both simultaneously.

²¹ Wolfe, B., Schniver, S. & Snyder, A. (2003). The Devil May Be in the Details: How the Characteristics of SCHIP Programs Affect Take-Up. *Journal of Policy Analysis and Management*. 24 (3), 499 – 522.

²² Chen, H. & Lerman, R. (2005).

²³ McKernan, S. & Ratcliffe, C. (2006). *The Effect of Specific Welfare Policies on Poverty*. Retrieved January 21, 2010, from www.urbaninstitute.org/UploadedPDF/411334_welfare_policies.pdf.

²⁴ Brooks-Gun, J. & Duncan, G.J. (1997). The Effects of Poverty on Children. *Future of Children*. (7) 2, 55-71.

²⁵ Guo, G. & Mullan Harris, K. (2000). The Mechanisms Mediating the Effects of Poverty on Children's Intellectual Development. *Demography* 37,(4), 431-447.


²⁶ Children's Defense Fund. (2006). *Improving Children's Health: Understanding Children's Health Disparities and Promising Approaches to Address Them*. Retrieved January 8, 2010, from www.childrensdefense.org/child.../Childrens-Health-Disparities-Report-2006.pdf.

²⁷ Guo, G. & Mullan Harris, K. (2000).

²⁸ McKernan, S. & Ratcliffe, C. (2006).

²⁹ The John D. and Catherine T. MacArthur Foundation Research Network on Socioeconomic Status and Health. (2007).

KANSAS CHILDREN LIVING IN POVERTY: SLIDE 6



WHAT ARE PROMISING POLICY SOLUTIONS?

- Create a Kansas Child Poverty Task Force
- Expand post-secondary education for low-income parents and adolescents
 - Increase opportunities within existing programs for post-secondary education
- Follow KECCSP recommendations for a comprehensive early childhood system
 - Focus on targeted expansion programs that include parental involvement and education, ensure access for low-income families

SLIDE 6 NOTES:

1. *Create a Kansas Child Poverty Task Force*

- a. Twelve states have established child poverty initiatives, and four had proposals pending in 2008.³⁰
- b. Because the issue of childhood poverty is one that crosses many policies, programs, departments and areas of study, a Child Poverty Task Force, similar to Kansas's Autism Task Force, could be formed here.
- c. Kansas's Task Force could:
 - i. Set specific goals for reducing childhood poverty;
 - ii. Provide structure for making policy decisions;
 - iii. Monitor childhood poverty and health-related indicators;
 - iv. Include representatives from Kansas Department of Social and Rehabilitation Service, Kansas Health Policy Authority, Kansas Department of Health and Environment, Kansas Department of Education, Kansas Juvenile Justice Authority, the Children's Cabinet,

³⁰ Levin-Epstein, J.& Gorzelany, K.M. (2008).

social policy and welfare researchers, community nonprofit and social service agencies and parent and child advocacy organizations.

2. *Expand post-secondary educational opportunities for low-income parents in Kansas*

- a. Studies suggest that the most effective welfare-to-work programs share a flexible, individualized approach that mixes job search assistance, education, job training and work in support of a clear goal.³¹
 - i. States like Maine and Arkansas have used TANF and Maintenance of Effort (MOE) funds to provide low-income residents with post-secondary education opportunities and supportive, “wrap-around” services, such as child care, transportation and counseling support.³²
 - ii. Twenty-two states allow post-secondary education to meet work requirements for more than one year.³³
- b. Post-secondary education and training for individuals with low income have a high economic return.³⁴
- c. Kansas could expand its work requirements to allow more than one year of post-secondary education under TANF.
- d. Kansas could expand access to child care by increasing eligibility standards for child care subsidies to 200 percent FPL, as recommended by the National Center for Children in Poverty.³⁵

3. *Invest in Early Childhood Programs*

- a. A RAND Corporation review of literature on early childhood programs showed:³⁶
 - i. Children's earnings when they reached age 27 were 60 percent higher among program participants who had been enrolled in a part-time preschool that included weekly home visits.
 - ii. Participating children experienced 33 percent fewer emergency room visits through age four than those in the control group. Mothers of participating children who took part in a nurse home visiting program were also 33 percent less likely to be on welfare.
 - iii. RAND found that both programs were cost-effective over time.
- b. Kansas Early Childhood Comprehensive Systems Plan (KECCS) provides a model for organizing and supporting early childhood services in Kansas:³⁷

³¹ Greenberg, M., Strawn, J. & Plimpton, L. (2000). *State Opportunities to Provide Access to Postsecondary Education Under TANF*. Retrieved January 8, 2010, from <http://www.clasp.org/pubs/jobseducation/postsecondary.final.pdf>.

³² Mazzeo, C., Roberts, B., Spence, C., & Strawn, J. (2006). *Working Together: Aligning State Systems and Policies for Individual and Regional Prosperity*. Retrieved January 13, 2010, from www.workforcestrategy.org/.../WSC_workingtogether_12.1.06_3.pdf.

³³ Greenberg, M., Strawn, J. & Plimpton, L. (2000).

³⁴ Kane, T.J. & Rouse, C.E. (1995). Labor-Market Returns to Two-and Four-Year College. *The American Economic Review*, 85(3), 600-614.

³⁵ National Center for Children in Poverty. (2009). *Kansas Early Childhood Profile*. Retrieved Jan 8, 2010, from <http://www.nccp.org/>.

³⁶ Karoly, L.A., Greenwood, P.W., Everingham, S.S., Houbé, J., Kilburn, M.R., & Rydell, C.P., et al. (1998). *Investing in Our Children: What We Know and Don't Know About the Costs and Benefits of Early Childhood Interventions*. Retrieved January 14, 2010, from http://www.rand.org/pubs/research_briefs/RB5014/index1.html.

³⁷ Kansas Early Childhood Comprehensive Systems Plan. (2008). *Kansas Early Childhood Comprehensive Systems Plan*. Retrieved January 12, 2010, from <http://www.keccs.org/>.

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- i. Policy makers expand birth-to-three and three-to-five programs that include parental involvement and education (as recommended by KECCS).

KANSAS CHILDREN LIVING IN POVERTY: SLIDE 7



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Information for policy makers. Health for Kansans.