

Public Benefit Programs & Child Maltreatment: Implications for Prevention & Equity

Hank Puls, MD

Haruv USA at OU-Tulsa

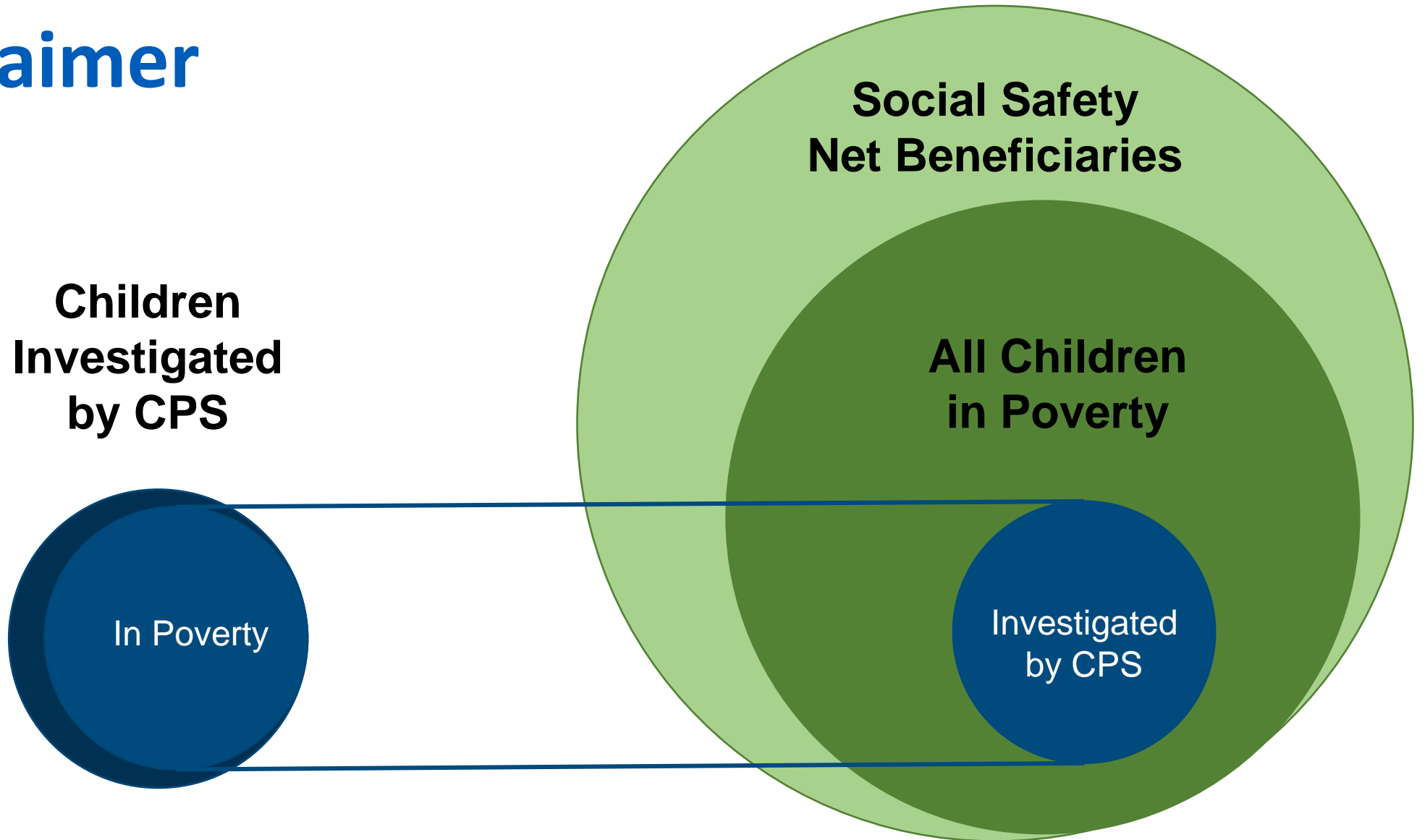
December 9, 2024



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Disclaimer



Objectives

1. Discuss the evidence-base for public benefit programs as means of child maltreatment prevention.
2. Outline racial and ethnic disparities in child maltreatment and how public benefit programs may or may not be addressing disparities.
3. Briefly discuss next steps for research and advocacy.



Background

- Child maltreatment is a prevalent public health problem.
- Child maltreatment is a costly public health problem.
- Child maltreatment is unequally experienced problem.

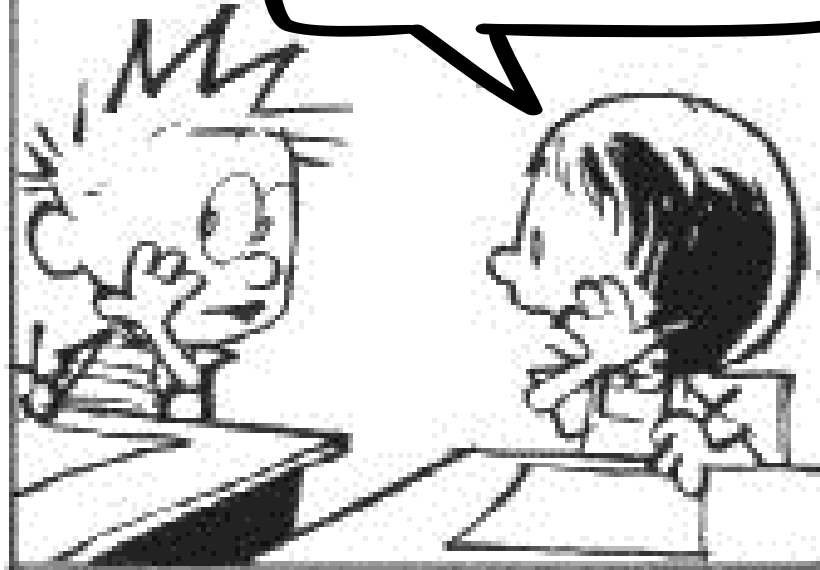


PSST, SUSIE! HOW DO WE PREVENT CHILD MALTREATMENT ON A LARGE SCALE WHILE ALSO REDUCING THE GROSS RACIAL AND ETHNIC DISPARITIES PRESENT IN THE CHILD WELFARE SYSTEM?

PARENT COACHING AND ABUSIVE HEAD TRAUMA EDUCATION

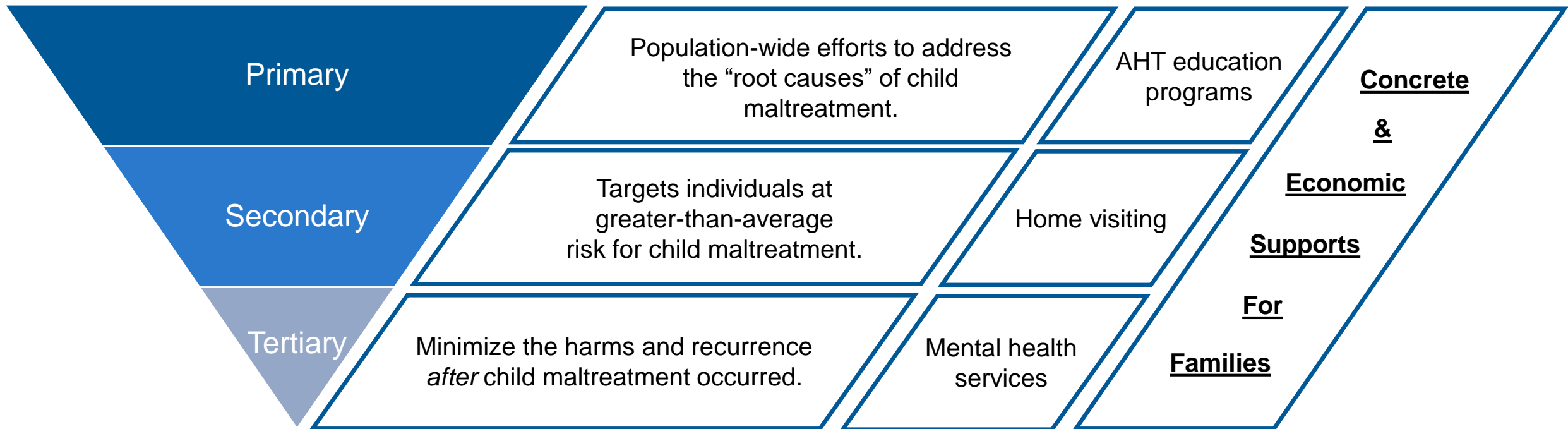
BUT MALTREATMENT IS A SOCIETAL PROBLEM.

IT'S A TRICKY QUESTION.



Background

Child maltreatment requires a public health model for prevention.



Why Concrete & Economic Supports?
i.e., “Public Benefit Programs”
i.e., “Social Safety Net Programs”

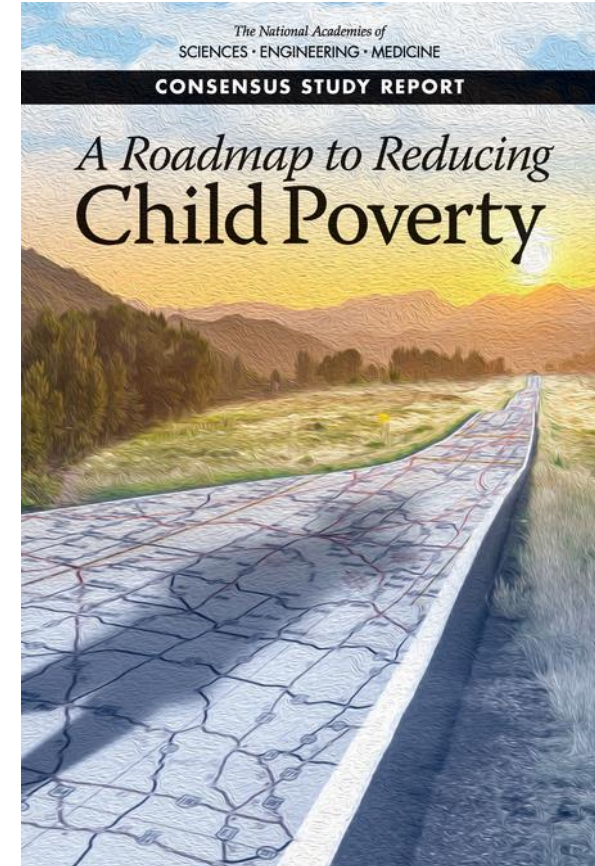
Hierarchy of Needs



A Prime Target for Prevention...

“The weight of the causal evidence indicates that **income poverty itself causes negative child outcomes**, especially when it begins in early childhood and/or persists throughout a large share of a child’s life. **Many programs that alleviate poverty** either directly, by providing income transfers, or indirectly, by providing food, housing, or medical care **have been shown to improve child well-being**.

-- The National Academies
A Roadmap to Reducing Child Poverty, 2019
[Available here](#)



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Long-term Outcomes of Childhood Family Income Supplements on Adult Functioning

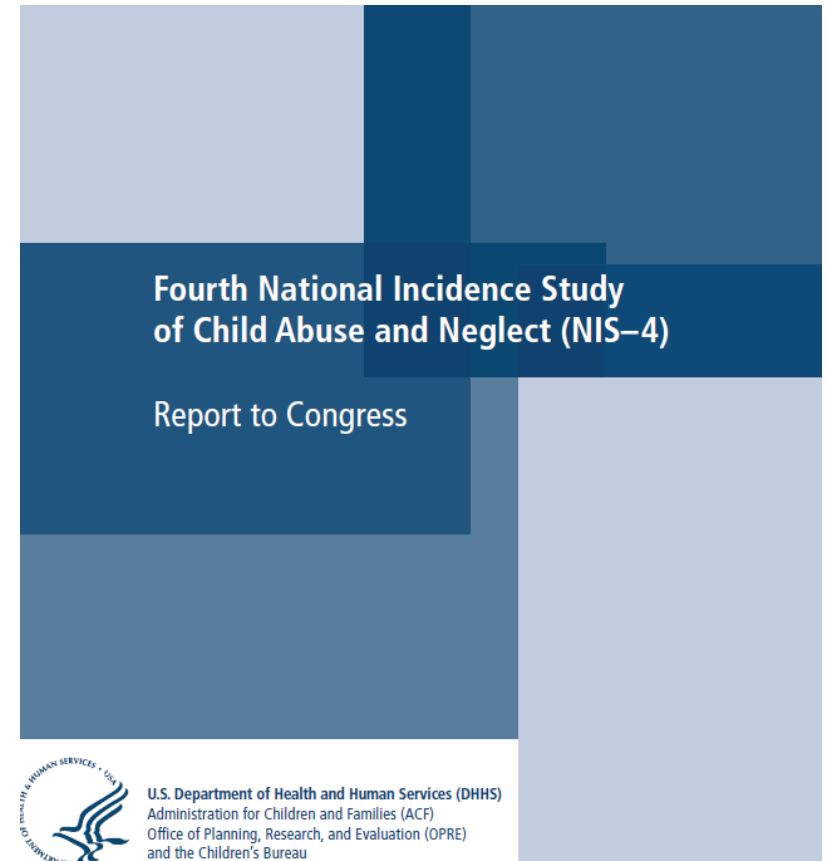
William E. Copeland, PhD; Guangyu Tong, PhD; Lauren Gaydos, PhD; Sherika N. Hill, PhD; Jennifer Godwin, PhD; Lilly Shanahan, PhD; E. Jane Costello, PhD

- Annual \$5,000 cash payments during childhood were associated with:
 - - 67% anxiety
 - - 49% depression symptoms
 - - 53% cannabis use
 - - 43% risky or illegal behavior
 - Improved physical health and financial well-being

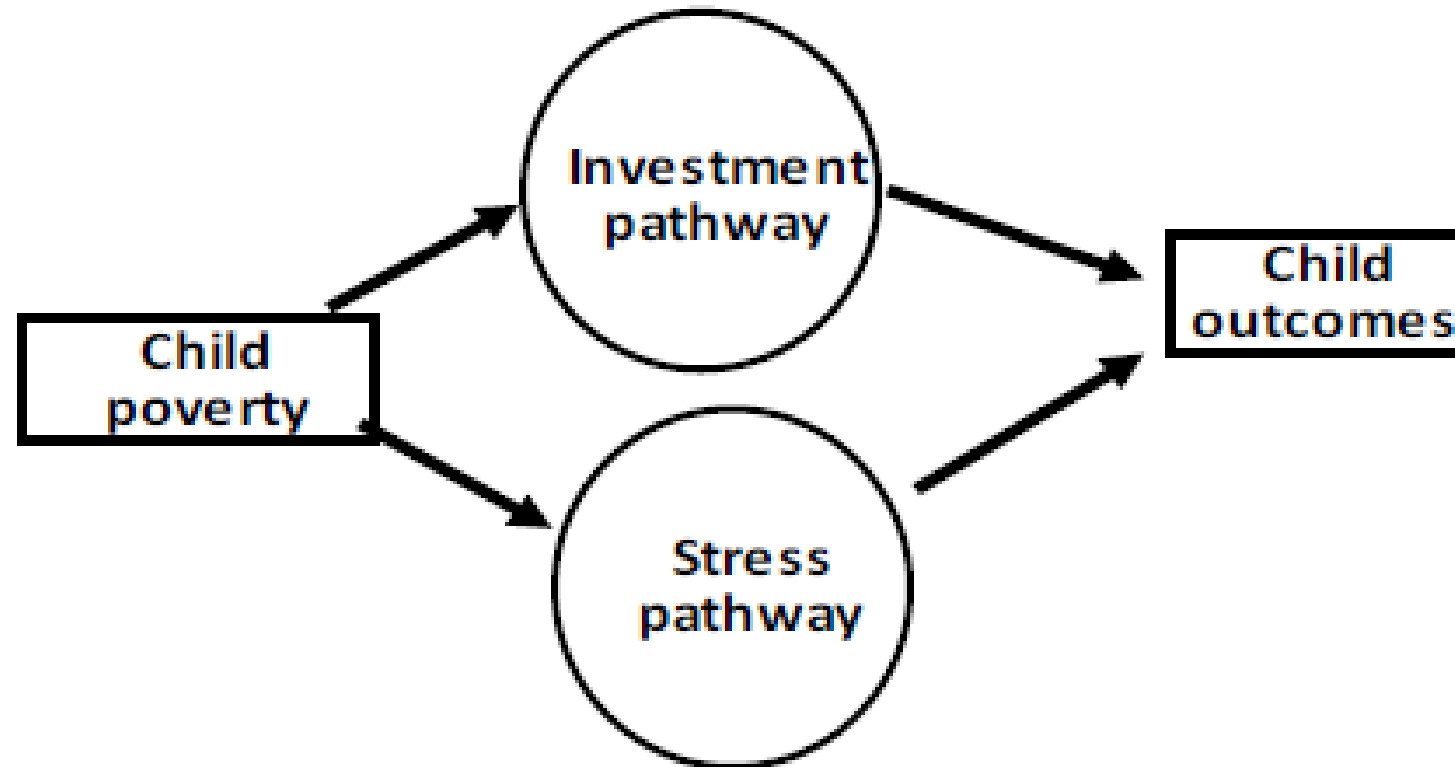


Poverty and Risk for Maltreatment

- Children living in poverty are at:
 - 7x risk for neglect
 - 3x risk for physical abuse
 - 2x risk for sexual abuse



Hypothesized Pathways



How Do We Reduce Poverty in the U.S.?

What Are “Public Benefit Programs”?

Official Poverty Measure (OPM)

- President Lyndon Johnson’s “War on Poverty”
- Assumes that family of 3 spends one-third of their income on food.
- \$30,000 – The OPM threshold for family of 4 in 2023



Supplemental Poverty Measure (SPM)

ADDING BENEFITS

The SPM adds benefits from the government that are not cash but help families meet their basic needs.

SUBTRACTING EXPENSES

The SPM subtracts necessary expenses like taxes, health care, commuting costs for all workers, and child care expenses while parents work.



Figure 7.

Poverty Rates Using the Official+ and Supplemental Poverty Measures by Age Group: 2009 to 2021

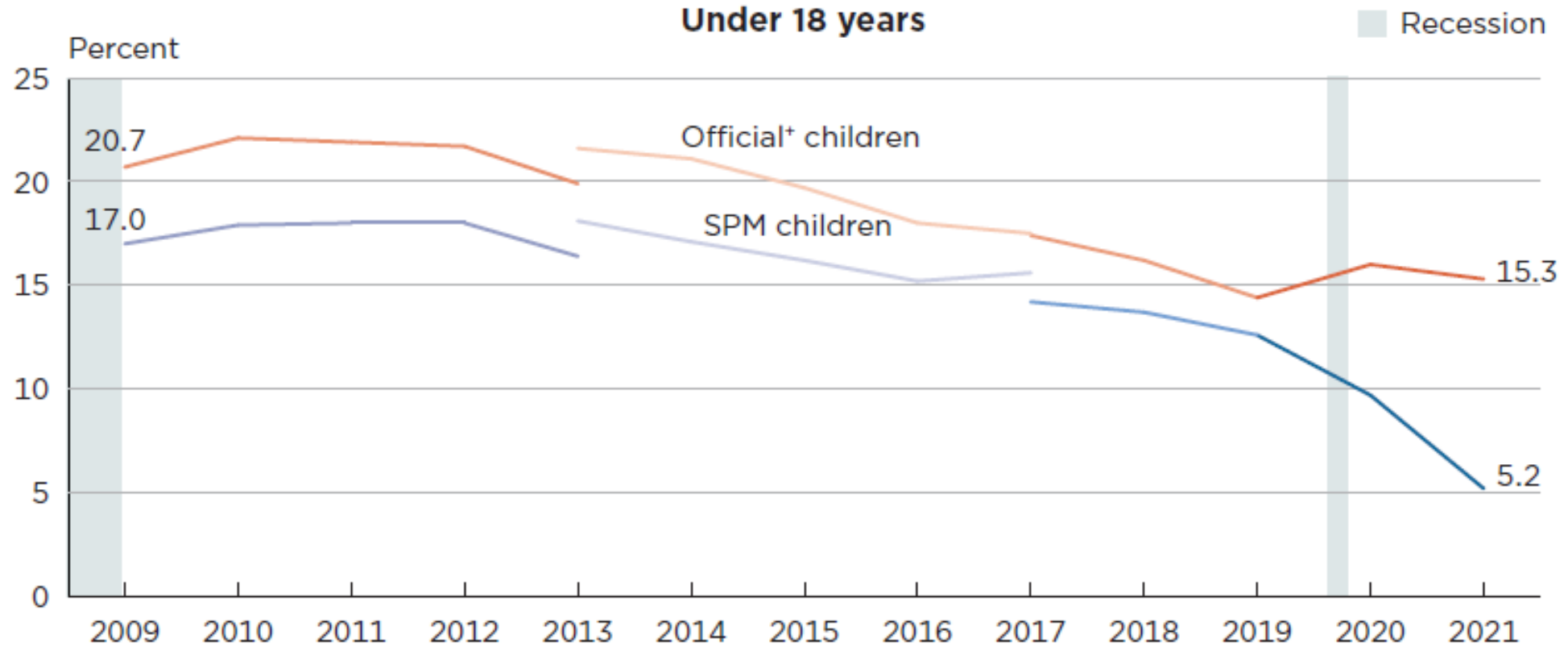
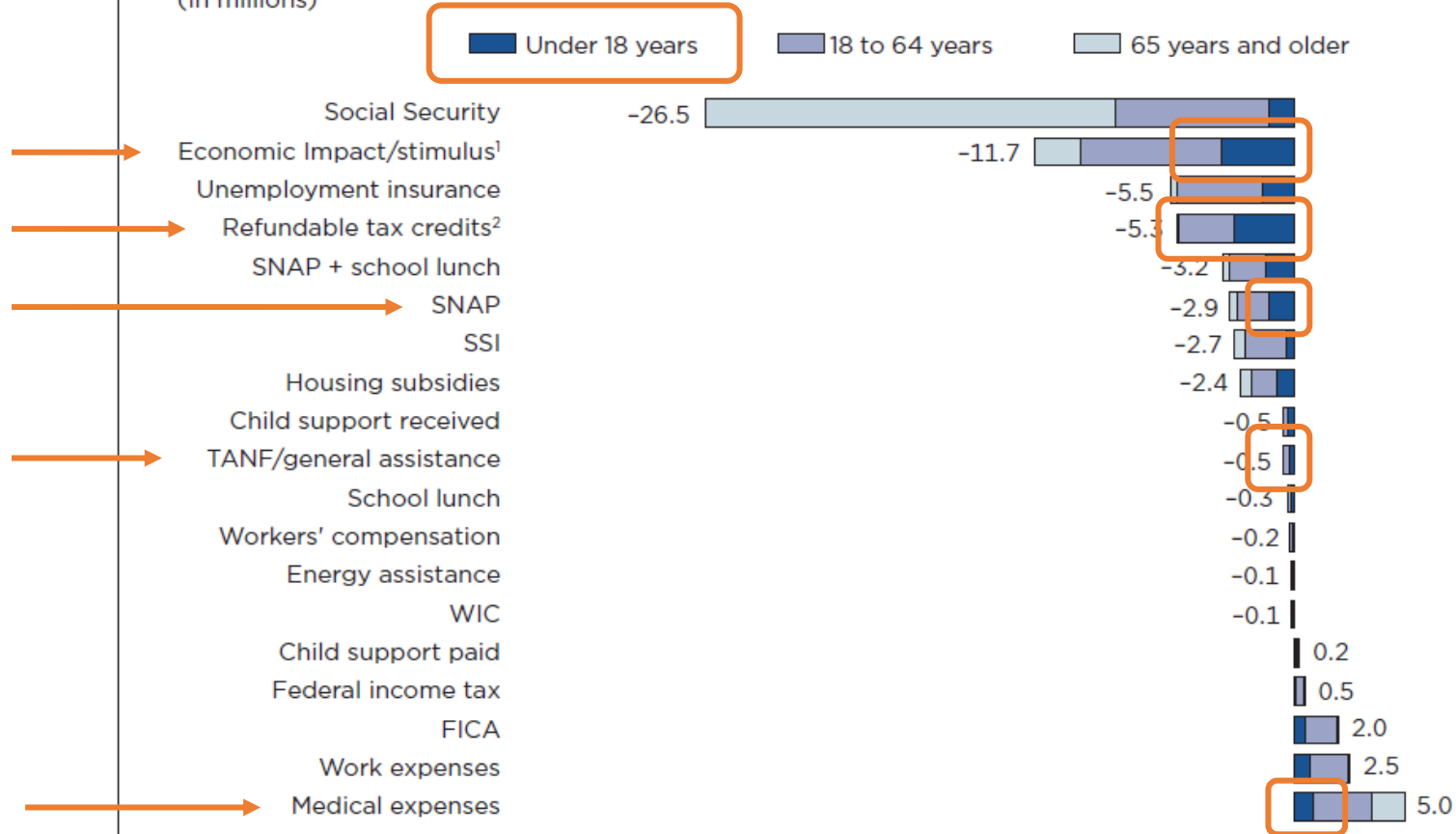


Figure 8.
Change in Number of People in Poverty After Including Each Element: 2020
(In millions)



¹ Includes the first two rounds of stimulus payments. Additional details available in the report appendix.

² Refundable tax credits do not include stimulus payments.

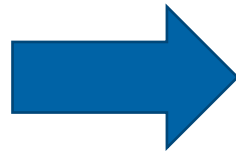
Notes: SNAP: Supplemental Nutrition Assistance Program; SSI: Supplemental Security Income; TANF: Temporary Assistance for Needy Families; WIC: Special Supplemental Nutrition Program for Women, Infants, and Children; FICA: Federal Insurance Contributions Act. More information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar21.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2021 Annual Social and Economic Supplement (CPS ASEC).

How Might Benefit Programs Prevent Child Maltreatment



Medicaid



- Reduces poverty. (Remler 2017)
- Decreases medical debt and bankruptcy (Bettenhausen 2018)
- Decreases economic and psychological stress amongst parents. (McMorrow 2017)
- Connects caregivers to physical, mental, and substance abuse care. (Han 2015; Brantley 2022; Snider 2019; Kravitz-Wirtz 2020)
- Improvement in parental “warmth” towards children (Brantley 2022)



Original Investigation | Health Policy

Assessment of Rates of Child Maltreatment in States With Medicaid Expansion vs States Without Medicaid Expansion

Emily C. B. Brown, MD, MS; Michelle M. Garrison, PhD, MPH; Hao Bao, PhD; Pingping Qu, PhD; Carole Jenny, MD, MBA; Ali Rowhani-Rahbar, MD, MPH, PhD

- Medicaid expansion was associated with a reduction in reports for neglect, but not physical abuse. (-422 per 100,000 children).
- May under-estimate the associations.



- Poverty and material hardship lead to CPS contact for neglect (Yang 2015)
- Material hardship leads to increased depression & suicidality among parents (Austin 2017, 2021)

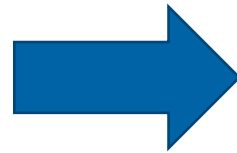


TANF, SNAP, Basic Needs

- Cuts in TANF benefits: (Ginther 2017)
 - 23% increase in substantiated neglect reports and
 - 13.4% in foster care entry due to neglect.
- For each \$100 of additional income per month: (Beimers 2011)
 - 2% point decrease in substantiated maltreatment.
- SNAP policies that increase accessibility: (Johnson-Motoyama 2022)
 - decrease CPS involvement and use of foster care.



Tax Credits (CTC; EITC)



- Refundable (i.e., Cash \$\$\$!!)
- Non-refundable (Offset tax liability)
- EITC associated with:
 - Lower rates of adult suicides (Dow 2020; Lenhart 2019)
 - Less alcohol abuse among mothers (Morgan 2022)
 - Improvements in mental and physical health (Morgan 2020)



Tax Credits (CTC; EITC)

- 10% increase in EITC benefit (Kovski 2021)
 - 9% decrease in reported neglect

- States with EITC (Biehl 2018; Rostad 2020)
 - 7% - 11% lower foster care entries





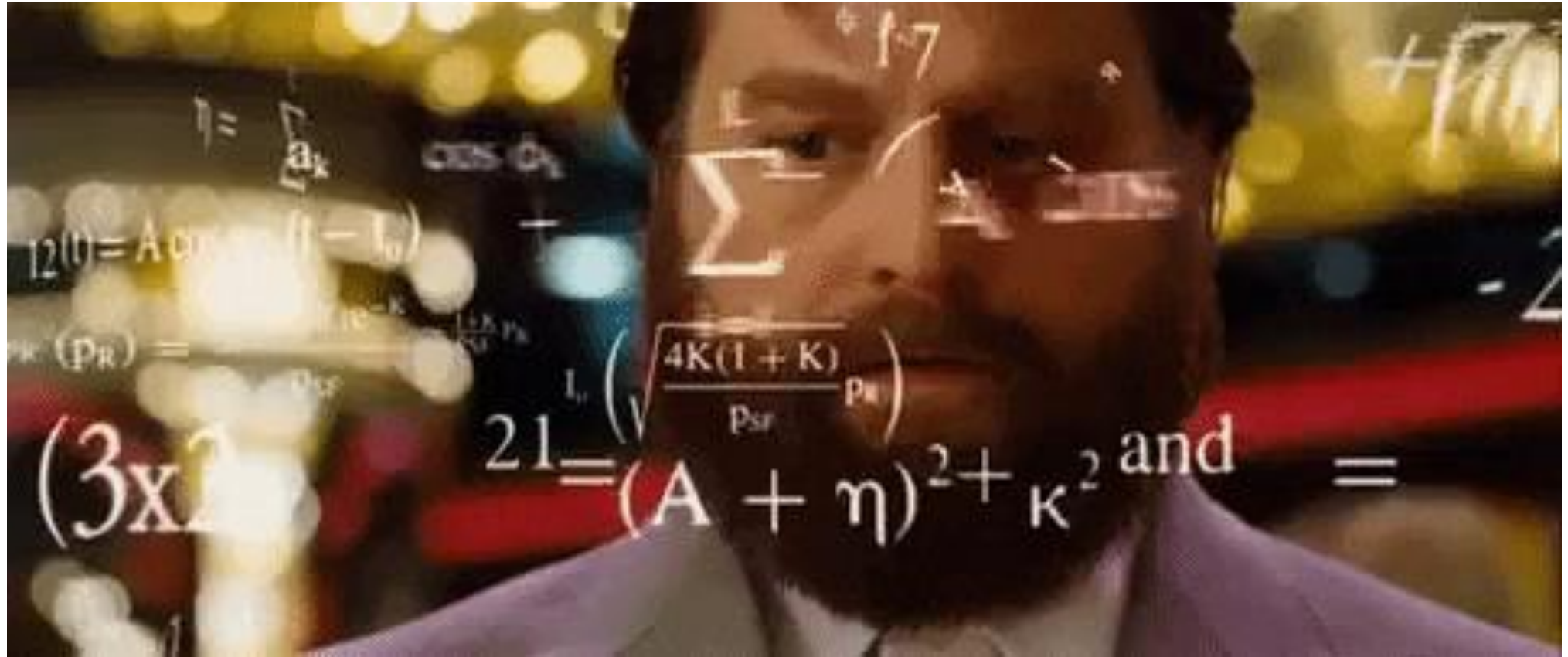
- Decreasing out-of-pocket expenses
- Increases workforce participation (esp. among mothers) → income
- Reduced likelihood of supervisory neglect
- Reduced need for alternative caregivers



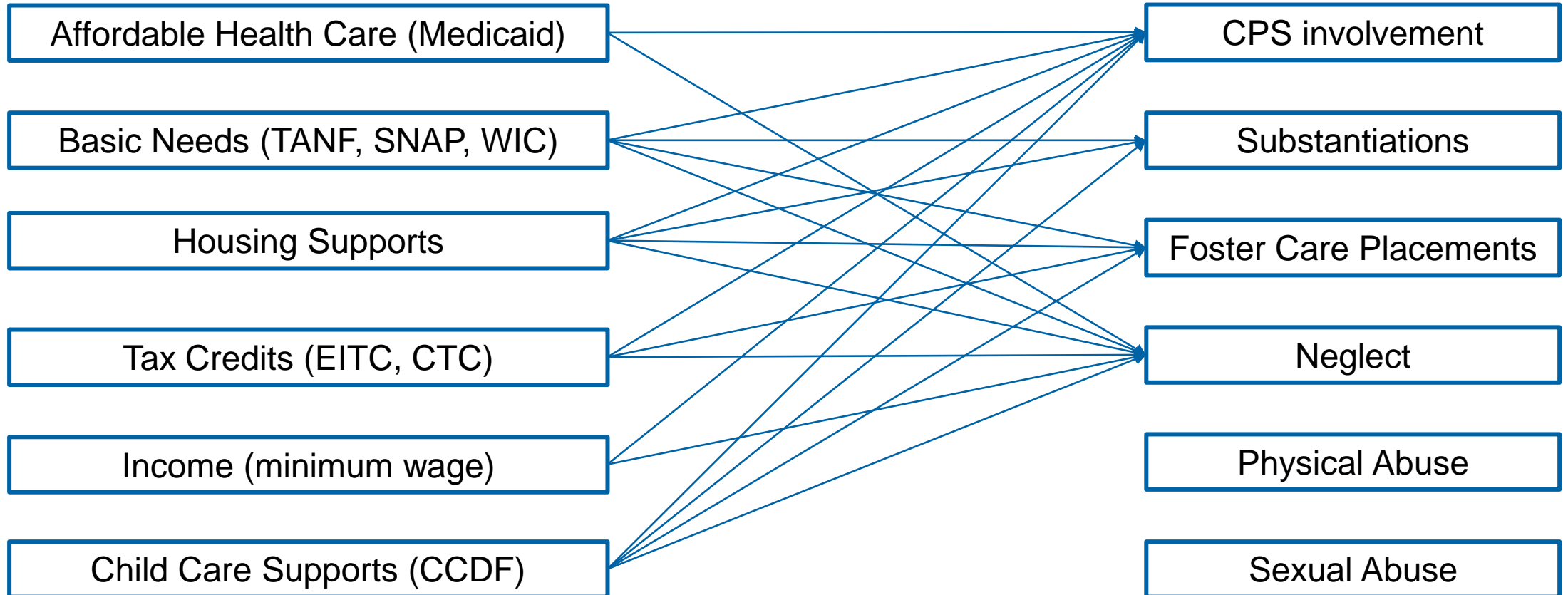
Child Care for Low-Income Families

- Child care subsidies (Yang 2019)
 - 16% lower odds of a report for neglect
- For families already in the child welfare system (Meloy 2015)
 - Fewer foster care placements

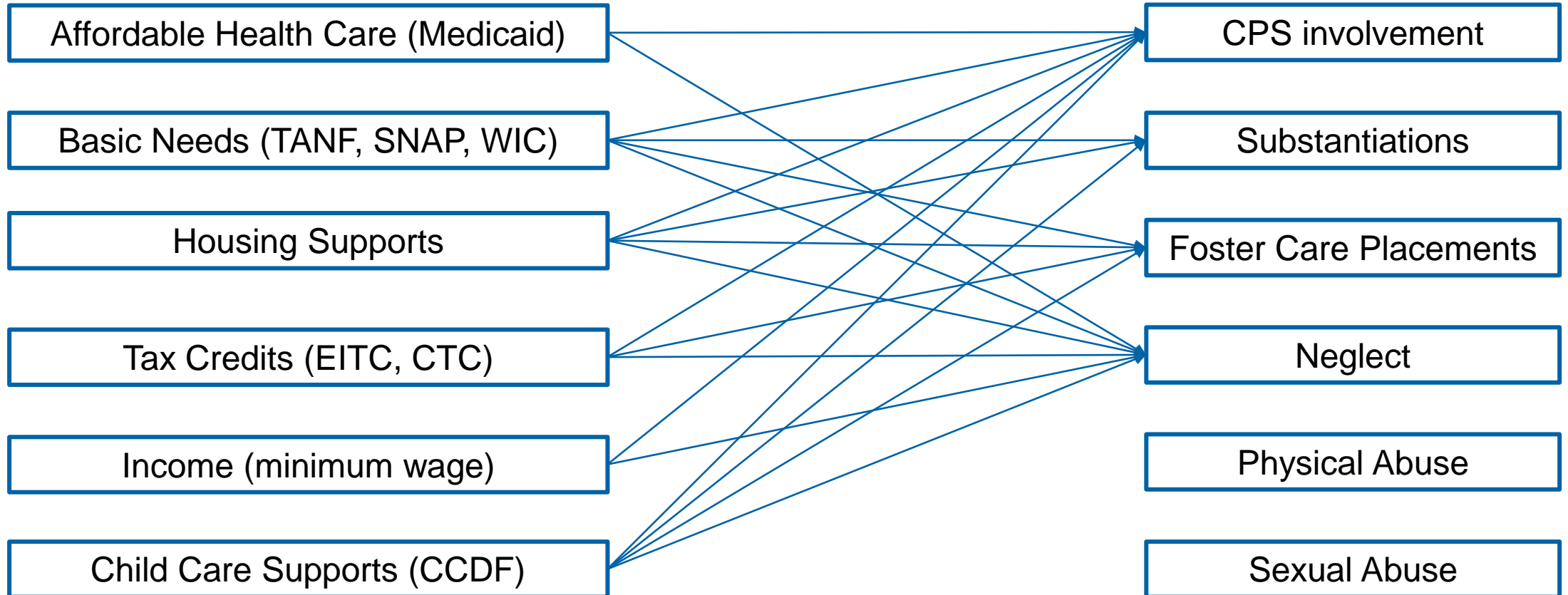




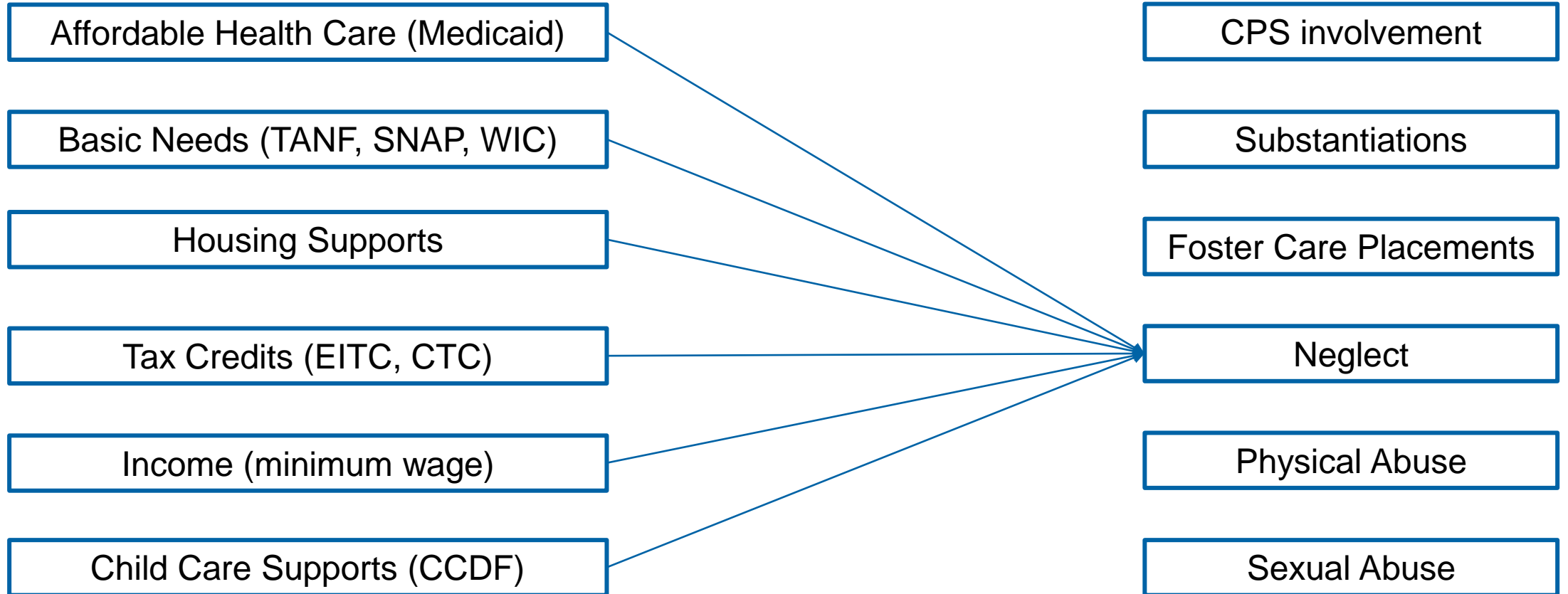
Evidence for Economic & Concrete Supports



Evidence for Economic & Concrete Supports

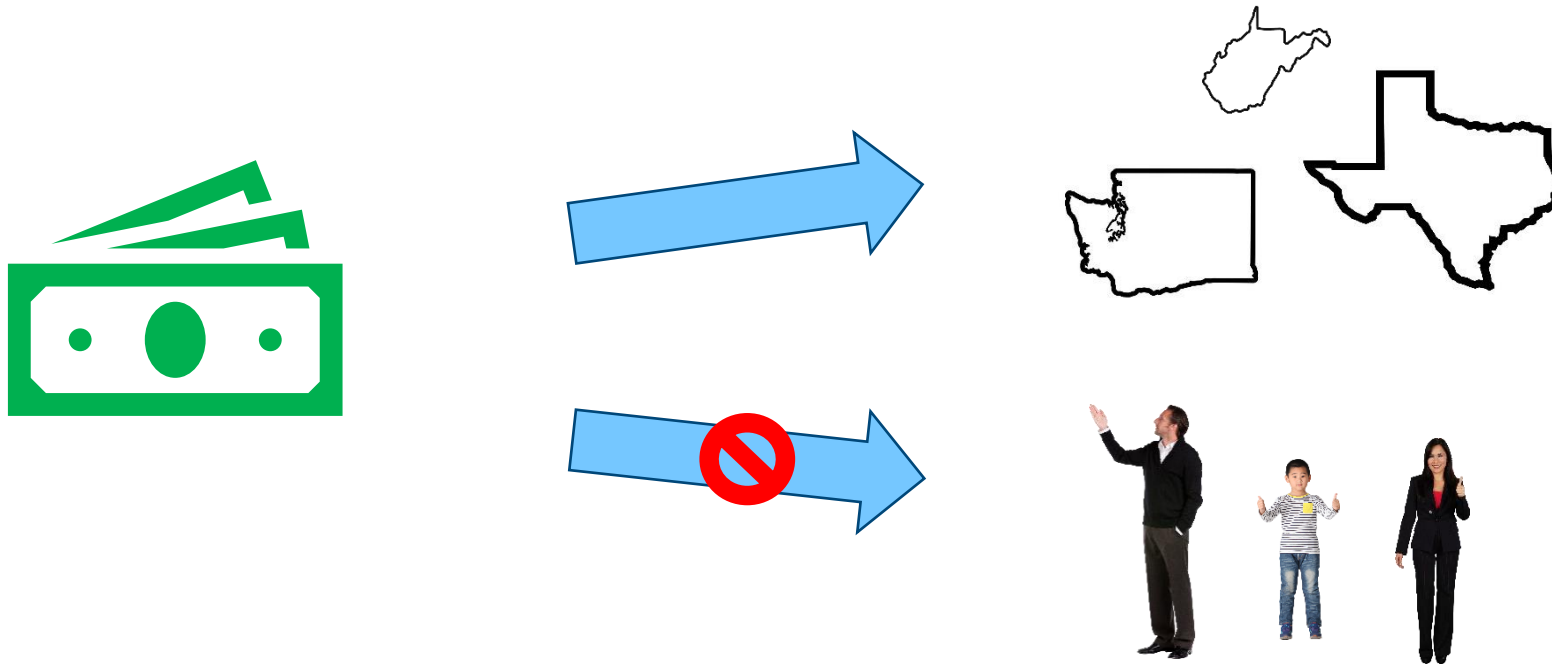


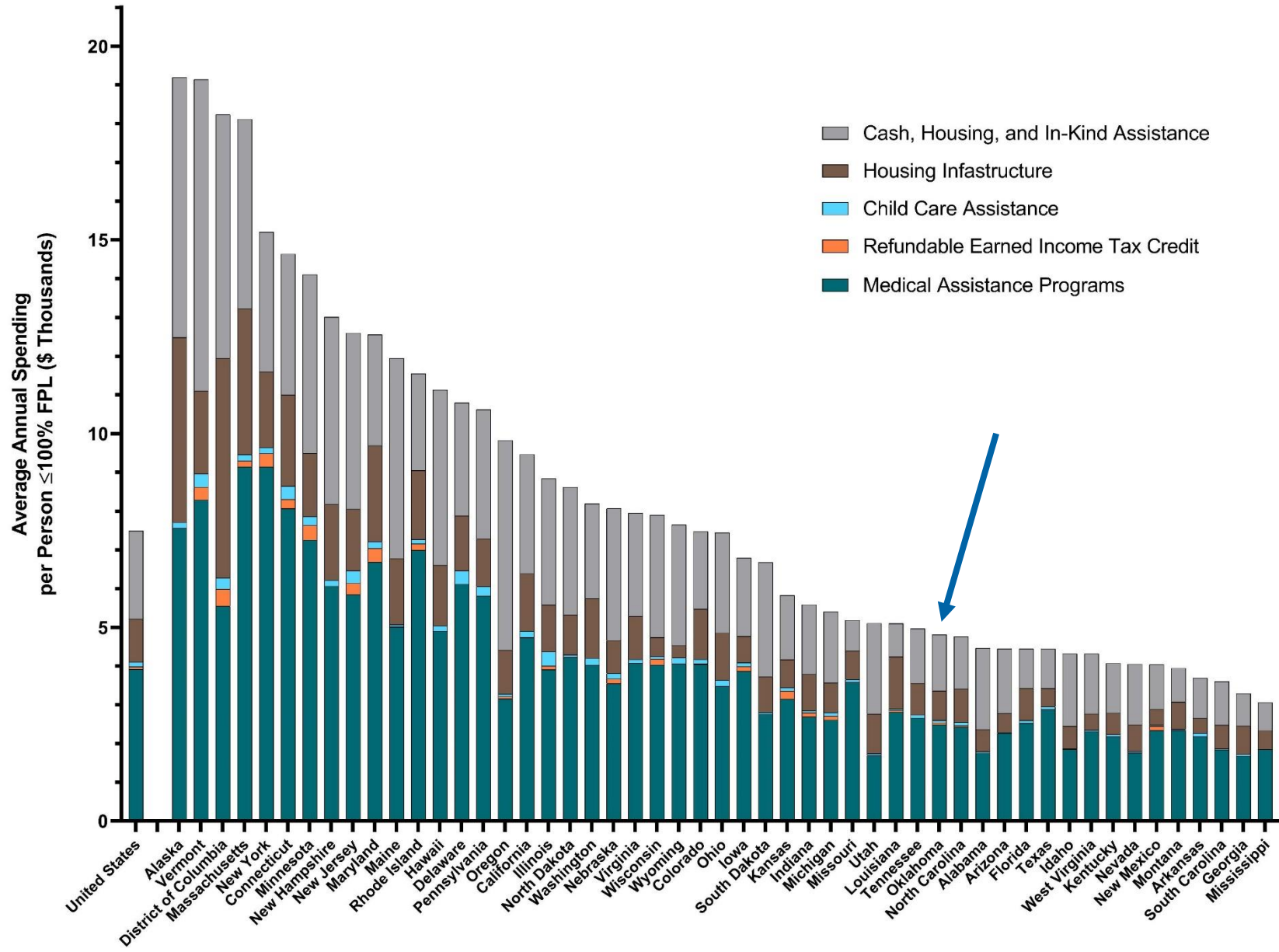
Evidence for Economic & Concrete Supports



PEDIATRICS®

State Spending on Public Benefit Programs and Child Maltreatment





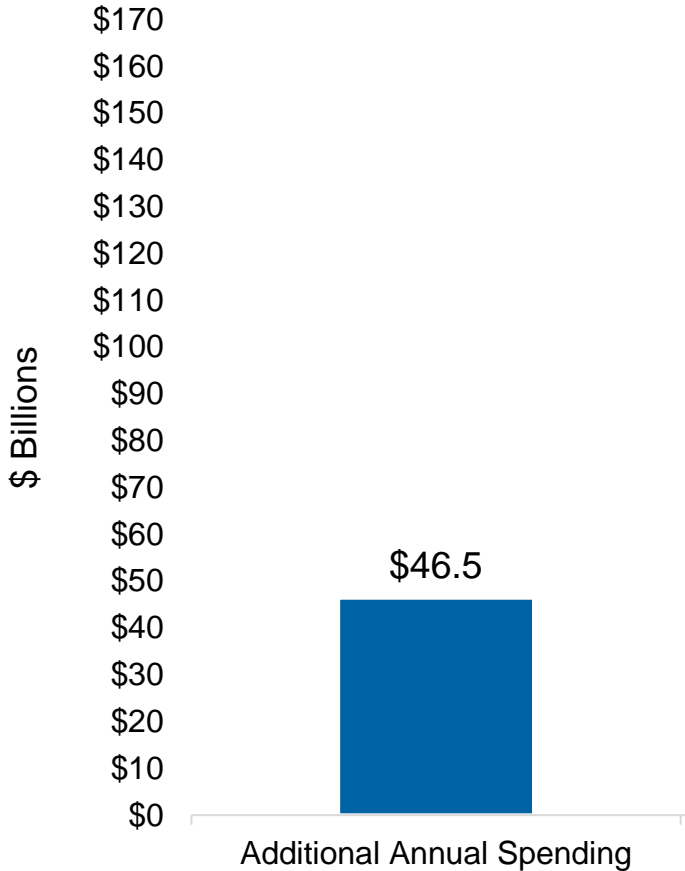
Each additional \$1,000 states spent per person living in poverty was associated with:

	State Spending Adjusted for Federal Spending	Estimated National Absolute Reductions
Investigated Reports	- 4.3%	- 181,000
Substantiations	- 4.0%	- 28,500
Foster care placement	- 2.1%	- 4,100
Fatalities	- 7.7%	- 130

All statistically significant $p \leq 0.001$



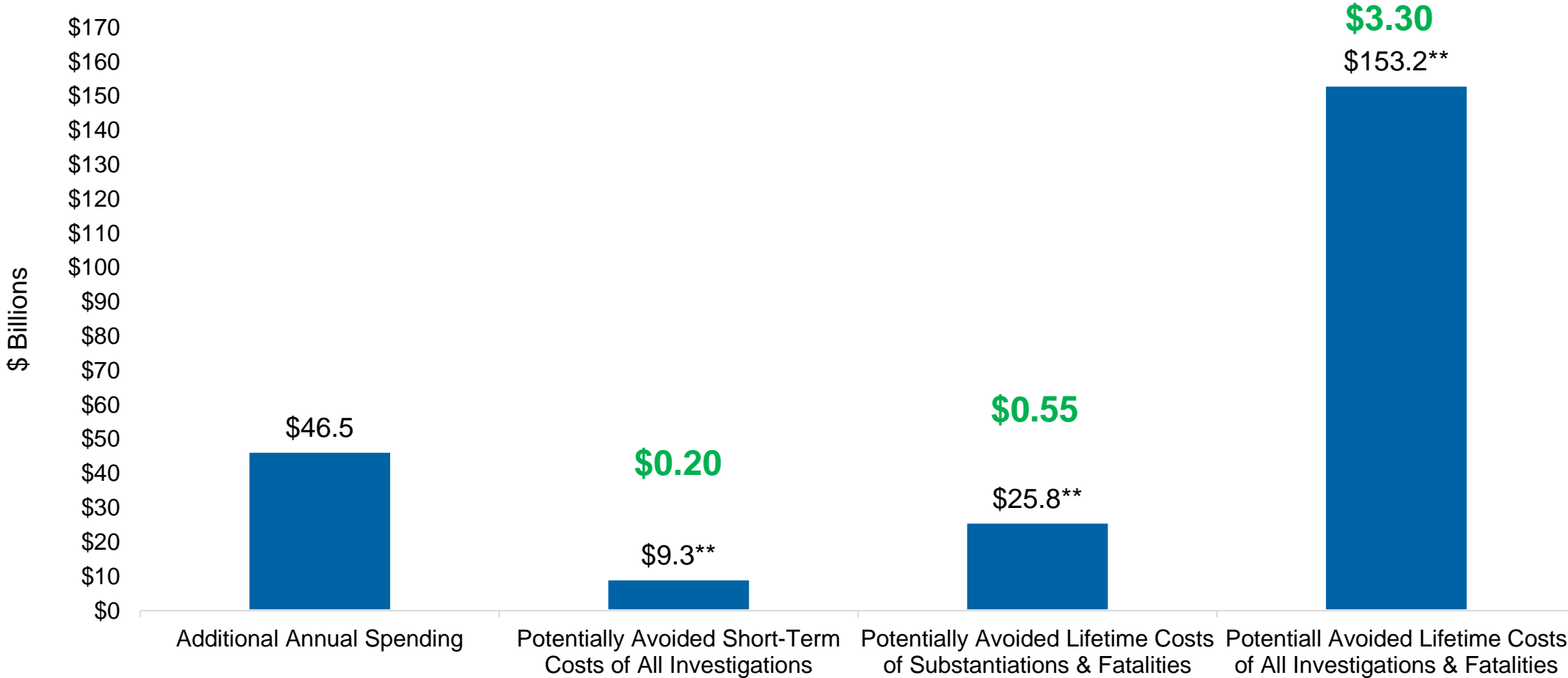
Costs and Benefits Associated with Additional Investments in Public Benefit Programs



** Based upon the economic burdens of maltreatment inclusive of short- and long-term health care costs, criminal justice costs, child welfare costs, special education costs, monetized quality-adjusted life years, and value per statistical life. Peterson C, et al. The economic burden of child maltreatment in the United States, 2015. *Child Abuse Negl.* 2018;86:178-183.



Costs and Benefits Associated with Additional Investments in Public Benefit Programs



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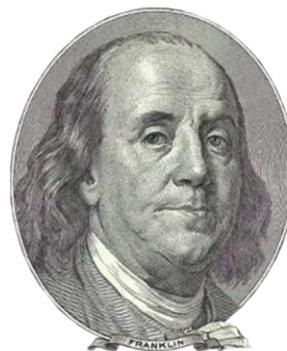


PEDIATRICS®

Childhood Abuse, Intimate Partner Violence in Young Adulthood, and Welfare Receipt by Midlife

Pascale Domond, PhD,^{a,b} Massimiliano Orri, PhD,^e Francis Vergunst, D.Phil,^{a,b,f} Samantha Bouchard, BSc,^e

- Children who were abused were at 2x increased risk of welfare receipt in adulthood.



"An ounce of prevention is worth a pound of cure."
Benjamin Franklin

Equity?



**Are Public Benefit Programs Equitably Reducing
Child Maltreatment?**

Four Reasons Why The Answer *May* Be, “No.”

Reason #1 – Differential Sensitivity to Poverty

- The association between poverty and neglect reporting is greater for non-Hispanic White than others.
 - Possibly due to disparities in other unmeasured risk factors?
- Non-Hispanic White children are less likely to live in deep and concentrated community poverty.

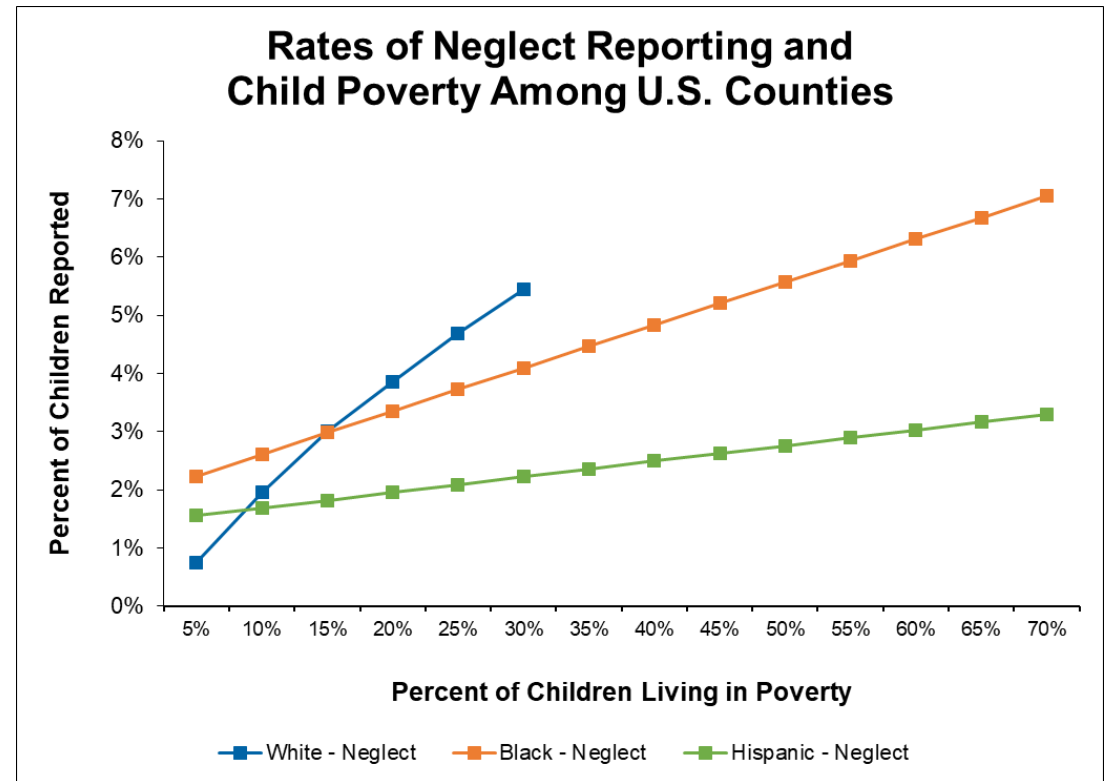
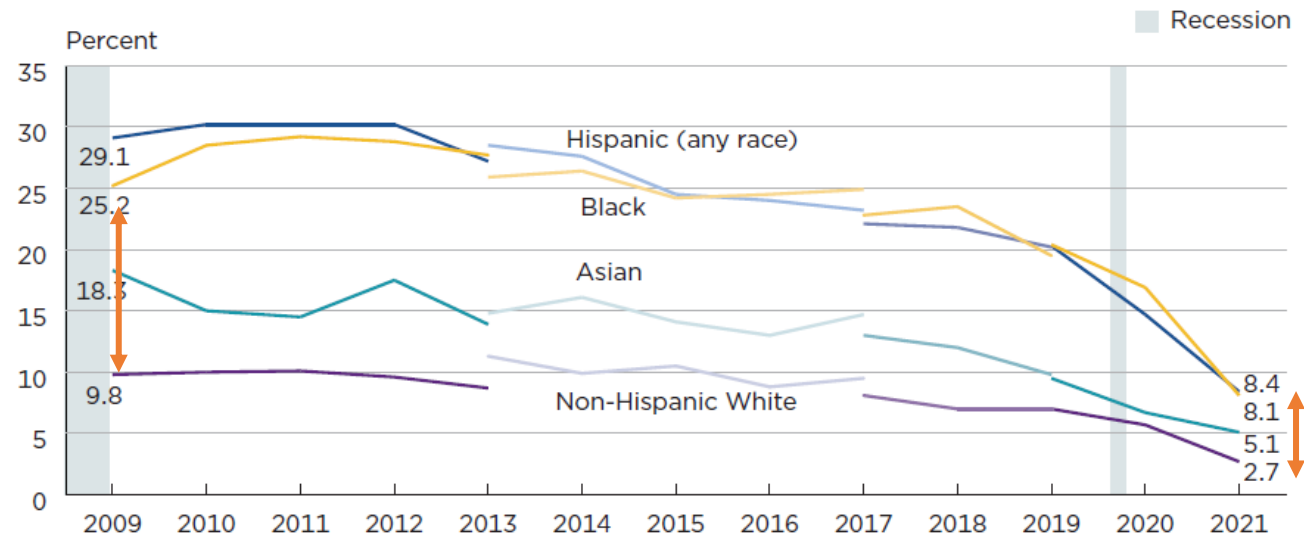


Figure created by Puls H using data from: Kim, H., & Drake, B. (2018). Child maltreatment risk as a function of poverty and race/ethnicity in the USA. *International journal of epidemiology*, 47(3), 780-787.



Reason #2 – Persistent Disparities in Poverty

Figure 8.
Child Supplemental Poverty Rates by Race and Hispanic Origin: 2009 to 2021



$$\frac{25.2}{9.8} = 2.6$$

$$\frac{8.1}{2.7} = 3$$

Note: Population as of March of the following year. The Supplemental Poverty Measure (SPM) estimates for 2019 and beyond reflect the implementation of revised SPM methodology. More information is available in Appendix B. The data for 2017 and beyond reflect the implementation of an updated processing system. The data for 2013 and beyond reflect the implementation of the redesigned income questions. Refer to Table B-2 for historical footnotes. The data points are placed at the midpoints of the respective years. More information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <<https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar22.pdf>>. Source: U.S. Census Bureau, Current Population Survey, 2010 to 2022 Annual Social and Economic Supplements (CPS ASEC).



Reasons #3 – Racist Policies

- Racist benefit program policies may lead to inequities in eligibility and access to benefits.

Figure 3. Share of Children Under Age 17 Not Receiving Full Child Tax Credit in 2023 Because of Limits for Low-Income Families Under Current Law, by Race and Ethnic Group

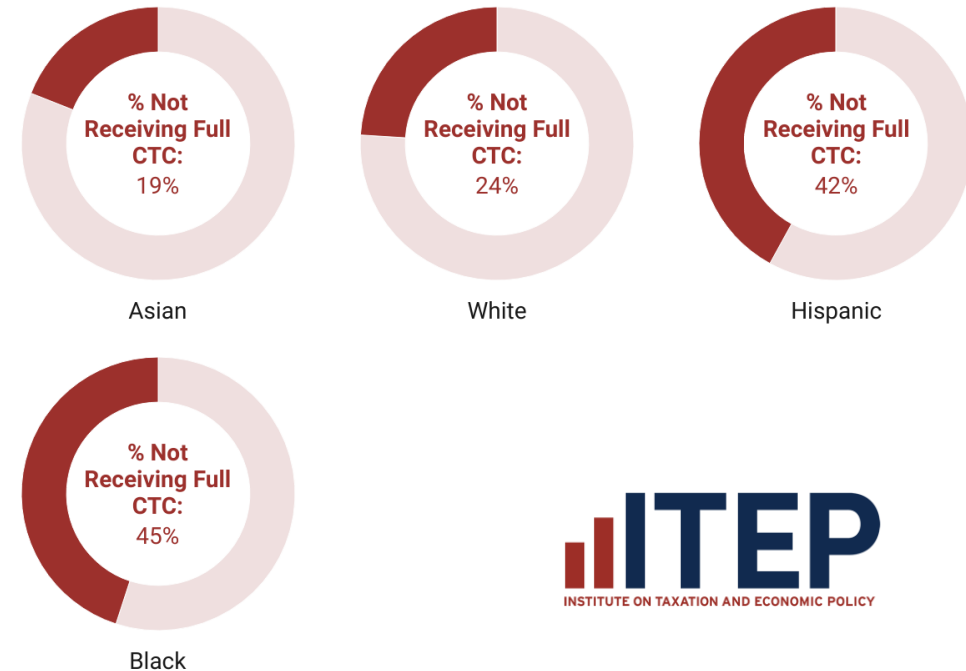
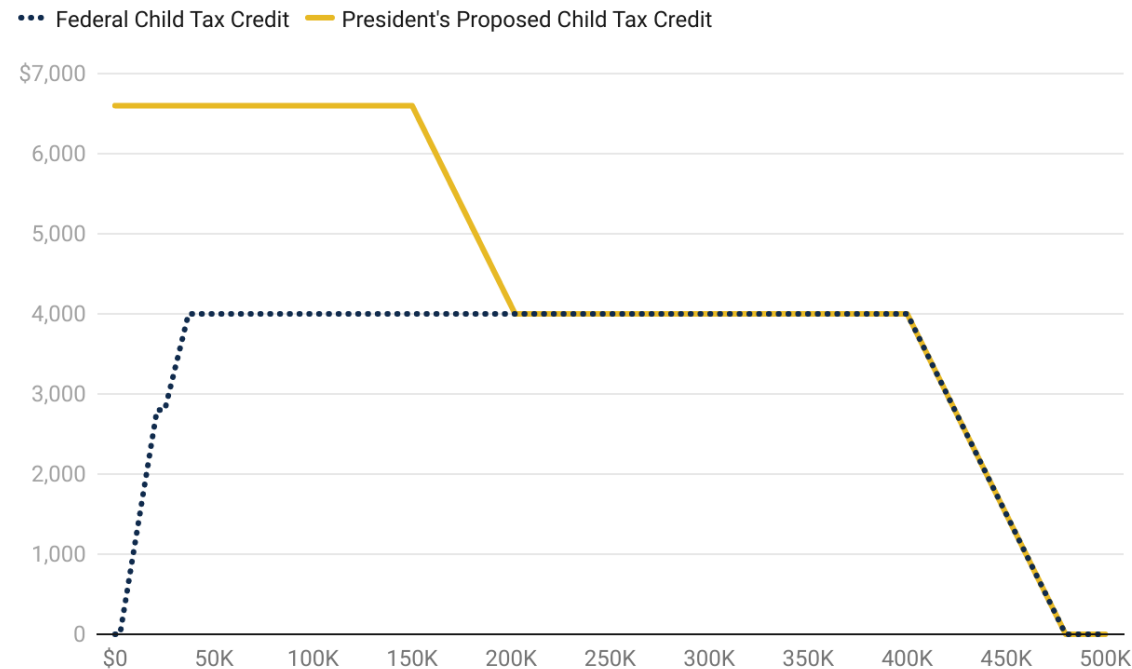


Chart: Institute on Taxation and Economic Policy • Created with Datawrapper



Expanded Federal Child Tax Credit

Figure 1. Federal Child Tax Credit Structure, Current Law Versus President's Budget Proposal (Two-Child, Two-Parent Family)



Note: This figure shows credit levels for a two-child family with one child under age 6 and one child between the ages of 6 and 16.

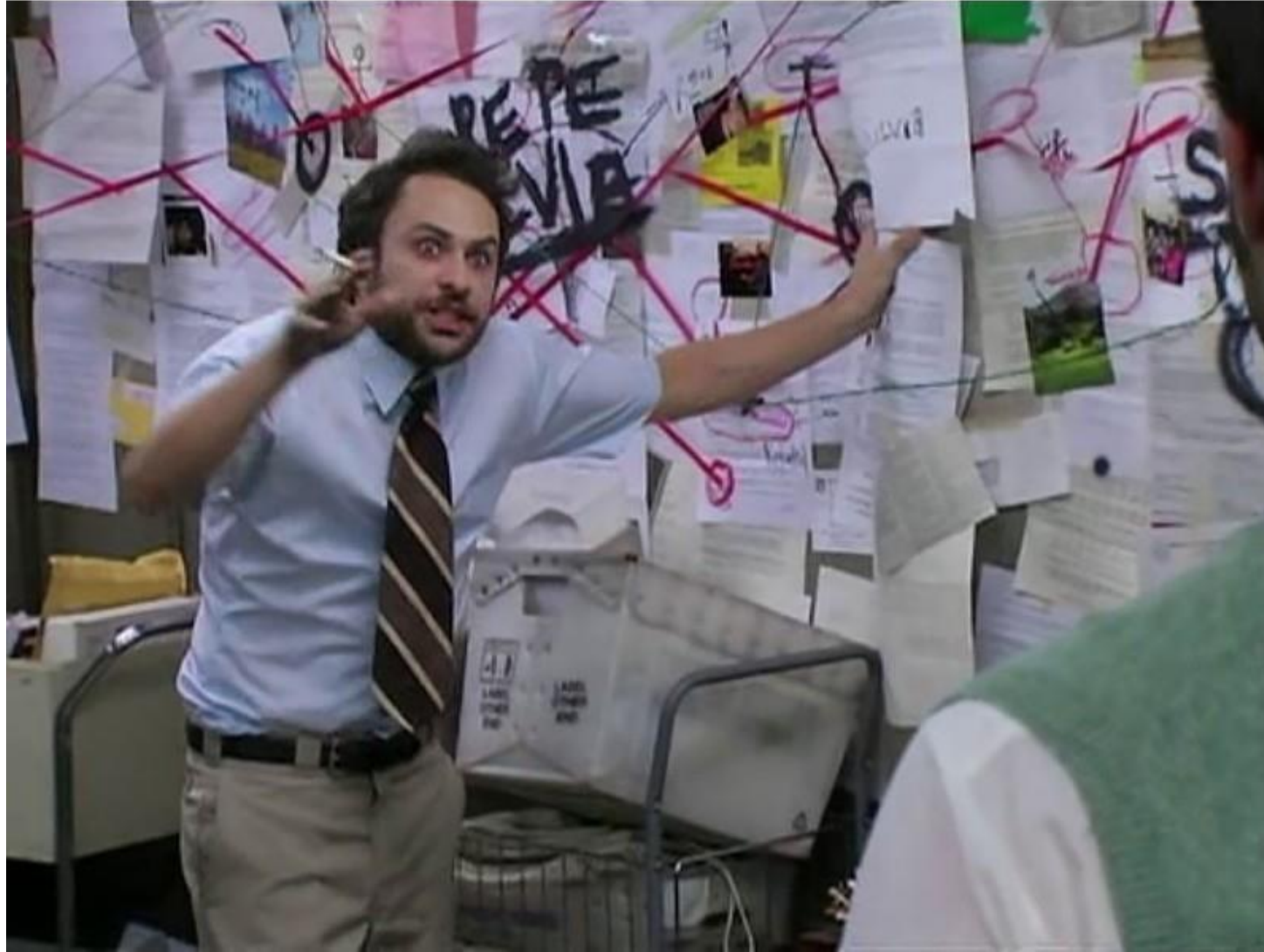
Source: Institute on Taxation and Economic Policy, Columbia Center on Poverty and Social Policy, 2022 • Created with Datawrapper



Reason #4 – Racist Reporting Practices

- Even if benefits are equitably distributed and equally effective at preventing child maltreatment for different populations,
- Bias or racism in reporting may obscure the effects of poverty reductions.
 - Race can be mistaken for poverty
 - Race can be mistaken for risk



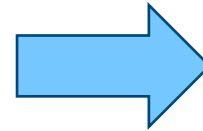




The Effects of Child Poverty Reductions on Child Protective Services Involvement

JESSICA PAC
University of Wisconsin–Madison

- A ~50% reduction in child poverty would require ~\$4,000 per family annually:
 - EITC,
 - Childcare tax credits,
 - Universal child allowance,
 - Increases in minimum wage,
 - Assured child-support benefit, and
 - Better accessibility for immigrants.



- ~11% - 16% reduction in CPS reports.



The Effects of Child Poverty Reductions on Child Protective Services Involvement

JESSICA PAC
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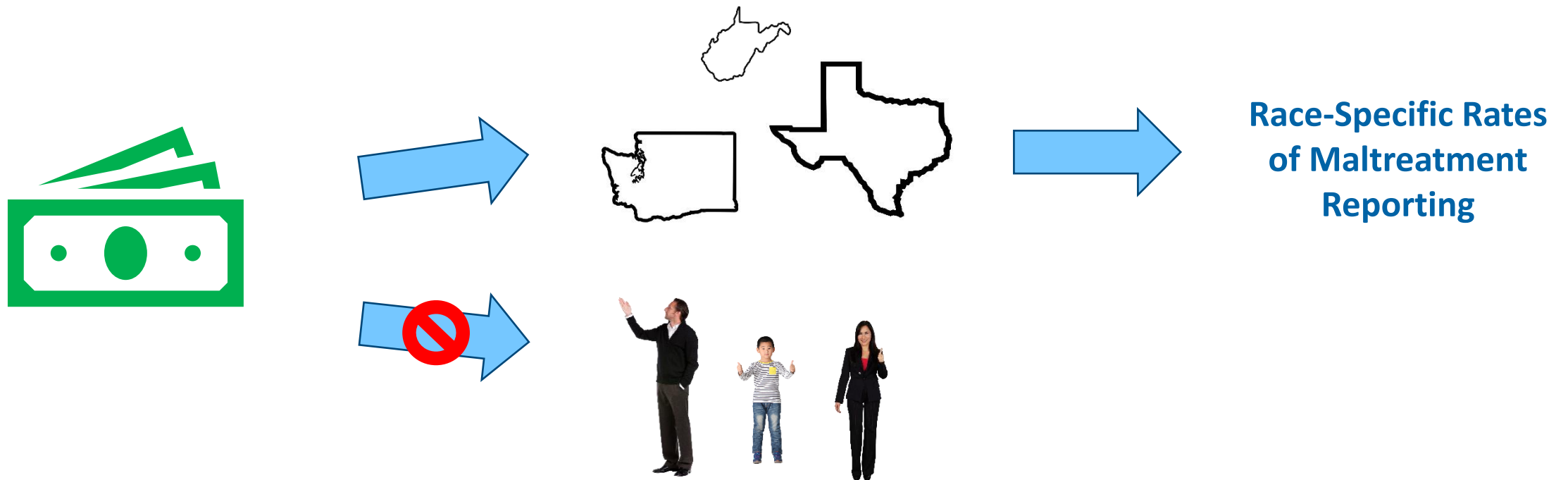
	White	Black	Hispanic
Reductions in CPS reports with ~50% reduction in poverty per Pac J, et al.	-9.4%	-28.5%	-24.4%

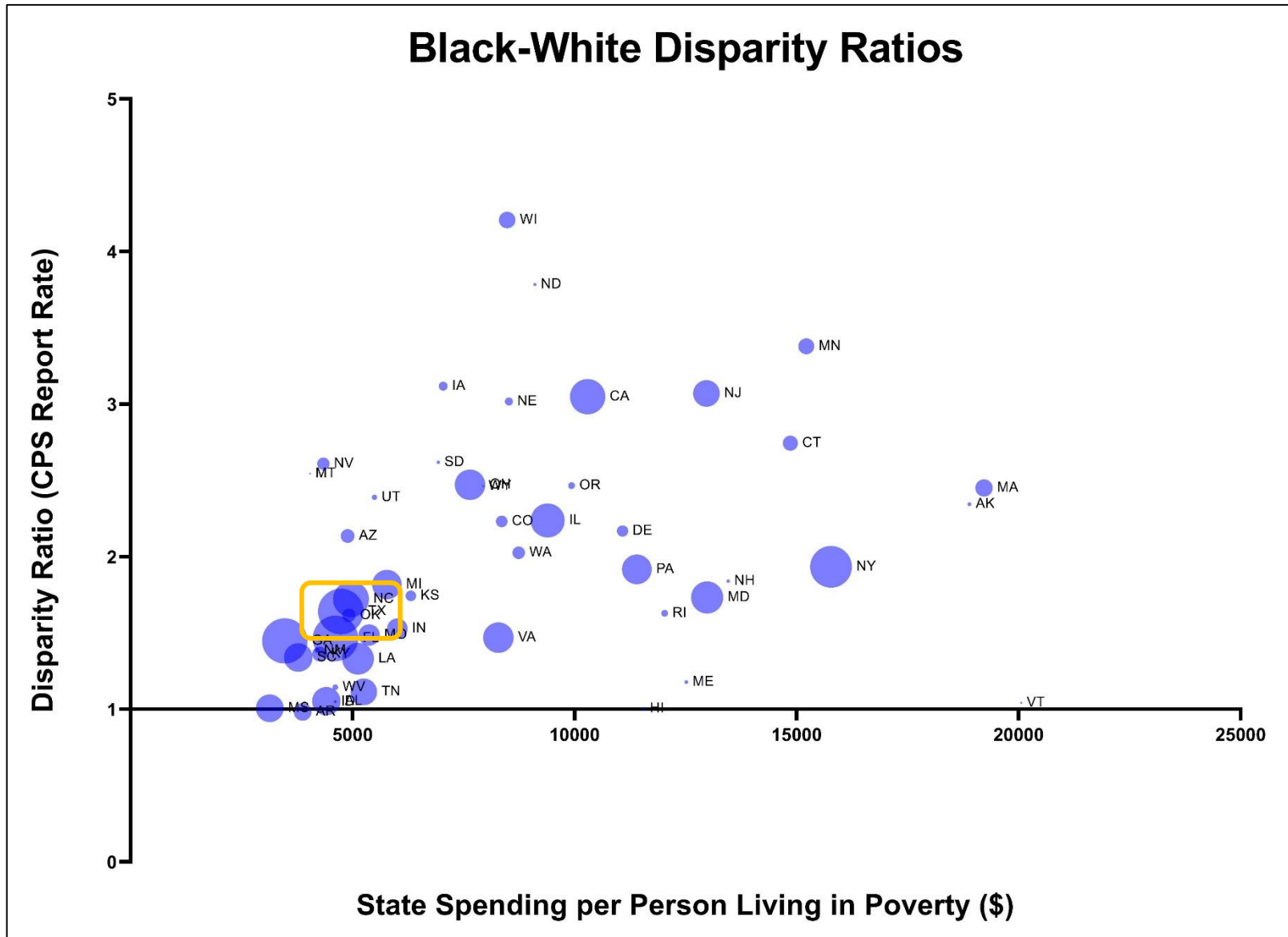
- This analysis eliminates the potential for:
 - Differential sensitivity to poverty
 - Differential effects from EITC, specifically
 - Racist policies and distribution of supplemental income

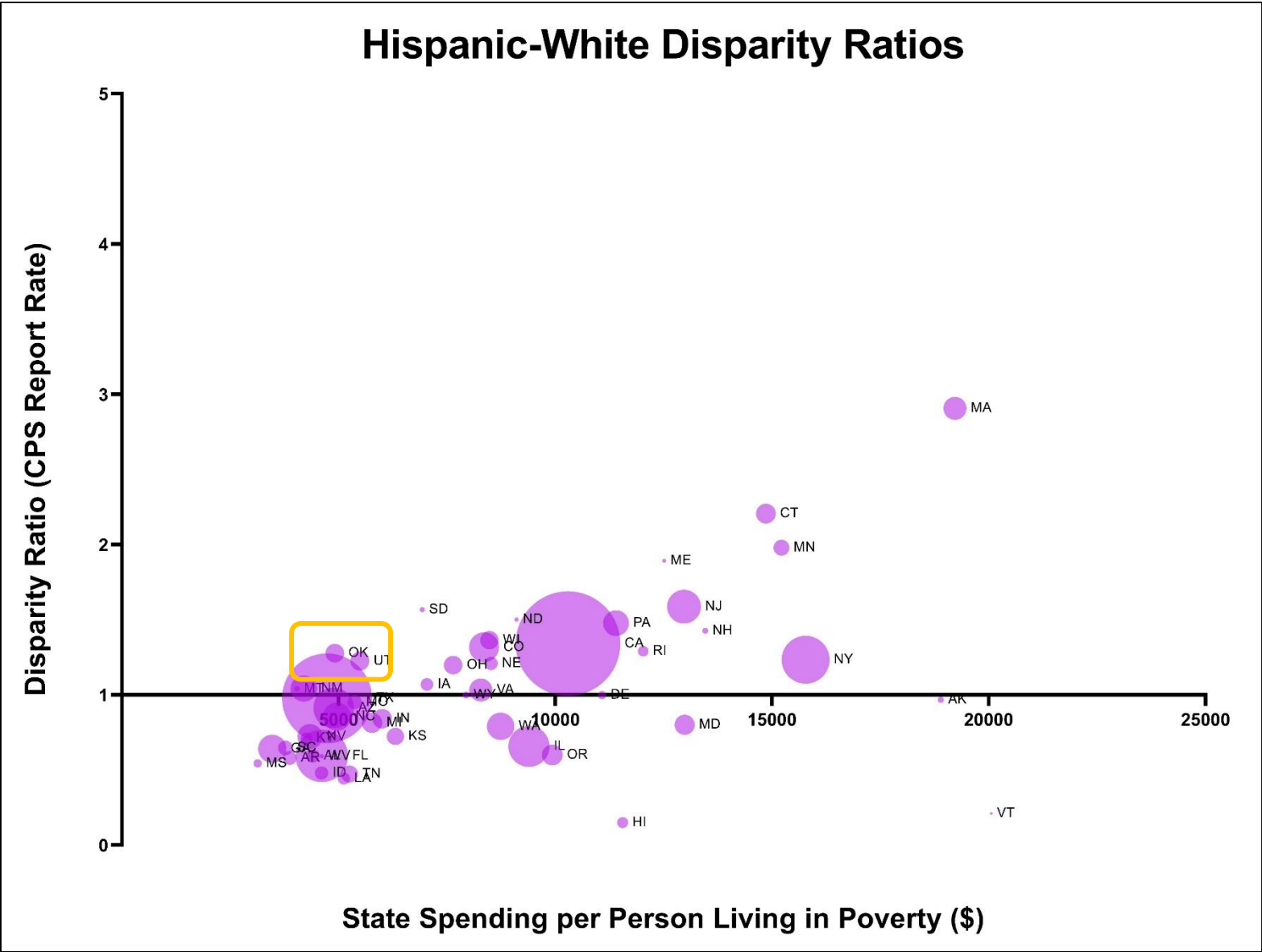


Public Benefit Programs and Differential Associations With Child Maltreatment by Race and Ethnicity

Henry T. Puls, MD; Matthew Hall, PhD; Reiko Boyd, PhD; Paul J. Chung, MD, MS







Differential Impact by Race and Ethnicity

- We know:
 1. Racial/ethnic-based inequities in eligibility and access to benefit programs
 2. Racial/ethnic-based disparities in Child Protective Services involvement
- Our newest study suggests that:
 - 1 may contribute to 2
 - Improving equity in public benefit programs *may* be one path towards reducing disparities in Child Protective Services involvement.



What do we
do next?



Next Steps – Research

Next Steps - Research

- “Precision Therapeutics”

- Right Drug
- Right Dose
- Right Duration
- Right Route

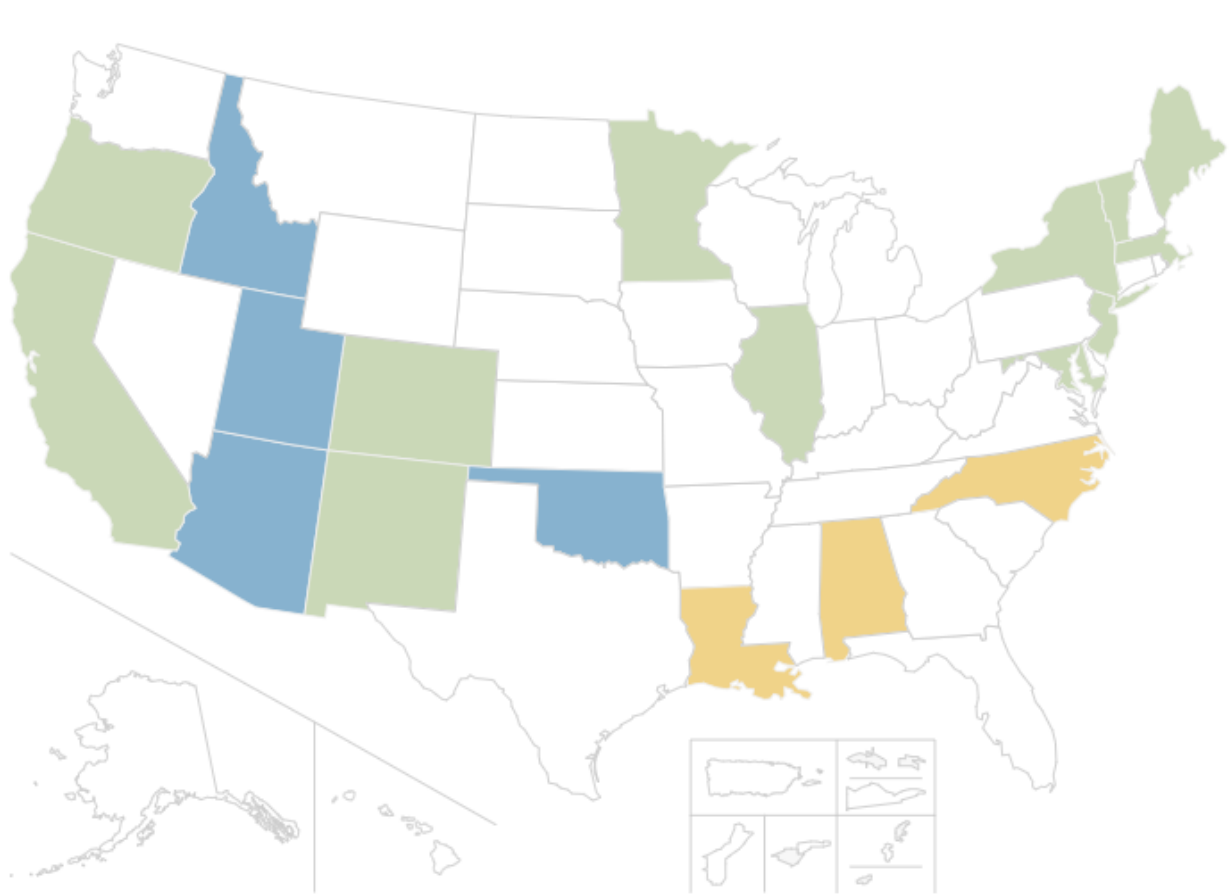
- “Precision Prevention”

- Right Assistance Program
- Right Amount \$
- Right Age of Child
- Right Ancillary Prevention Program



Next Steps

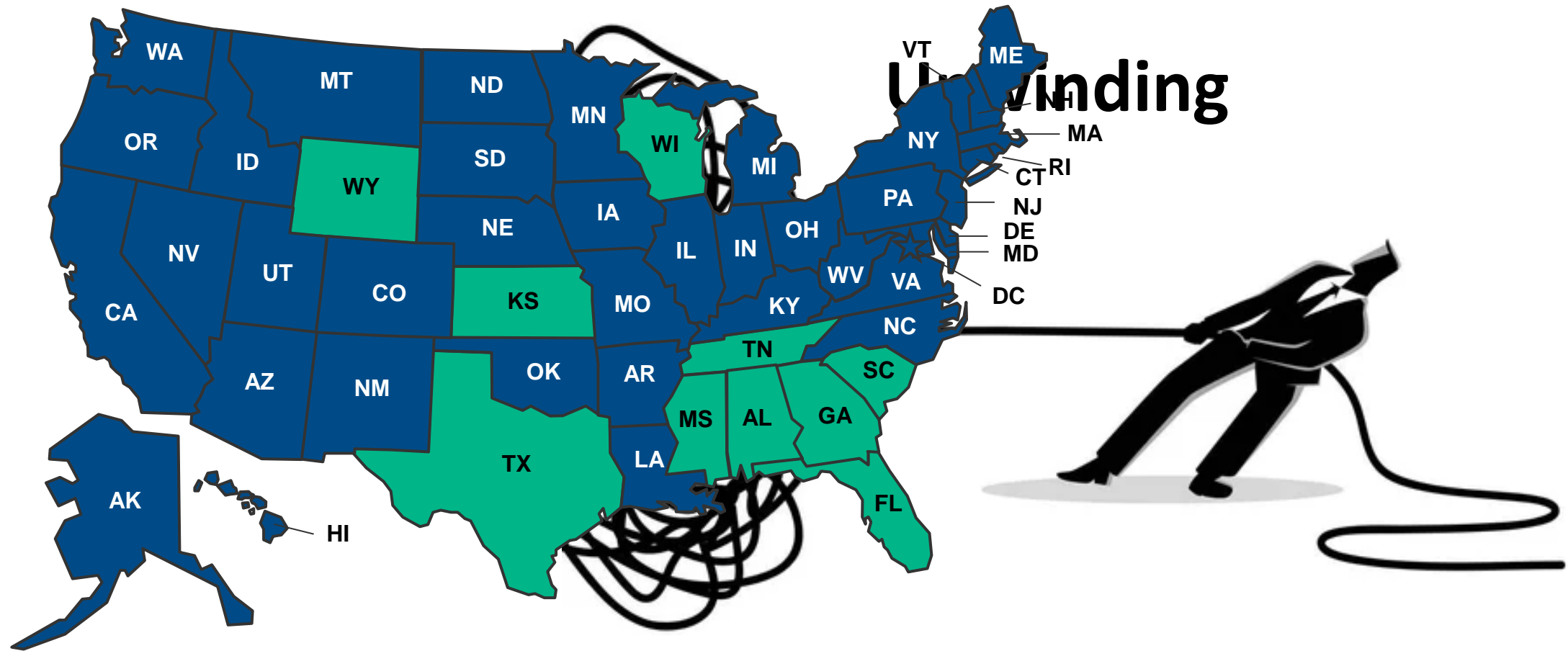
State Child Tax Credits



- No state CTC
- Refundable state CTC
- Non-refundable state CTC
- No state CTC, but has a law addressing the federal CTC

National Conference of State Legislatures: [here](#)

Medicaid



Unwinding

SOURCE: "Status of State Medicaid Expansion Decisions: Interactive Map," <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>

Figure 1

At least 7,874,000 Medicaid enrollees have been disenrolled and 13,300,000 have had their coverage renewed in 50 states and DC, as of October 2, 2023

Of completed redeterminations, the number of people disenrolled and the number of people whose coverage was renewed

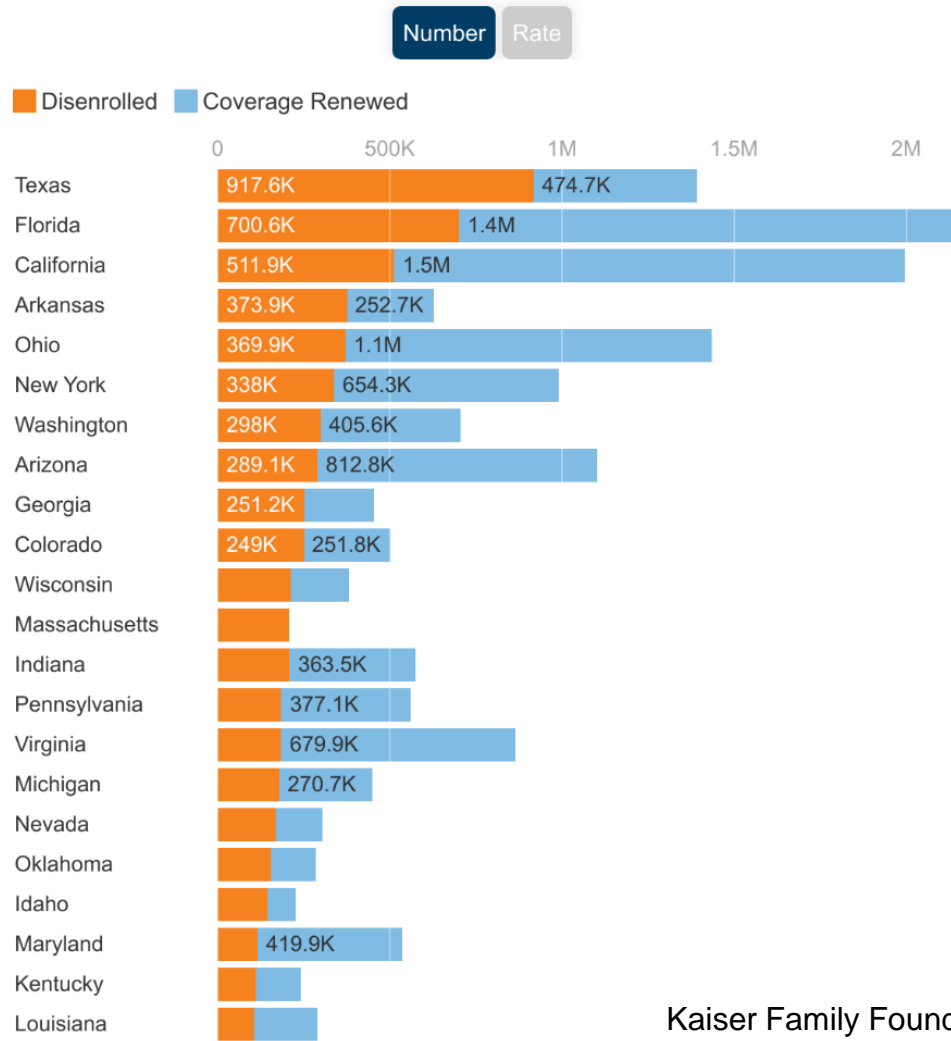
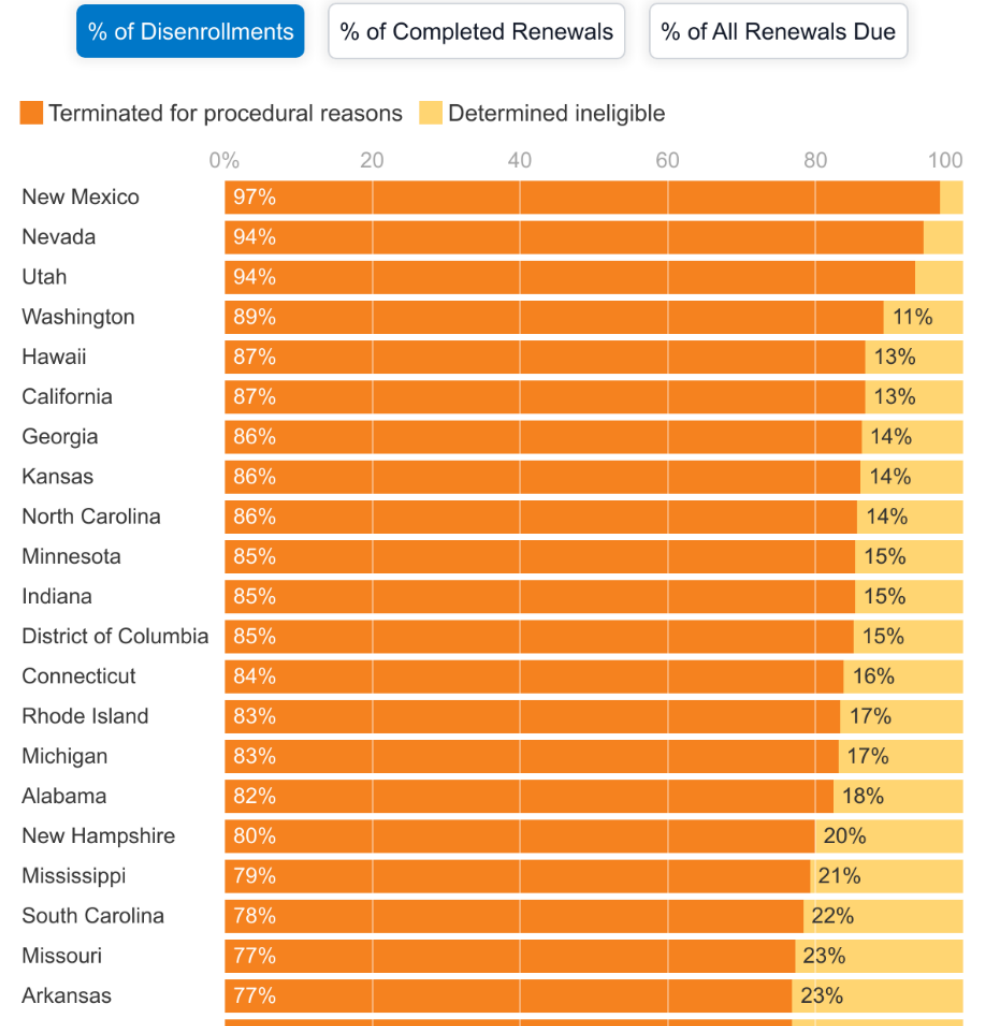


Figure 2

Of all people who were disenrolled, 73% were terminated for procedural reasons, as of October 2, 2023

Of People Who Lost Coverage, the Share Disenrolled for Procedural Reasons vs. the Share Determined Ineligible:



Child Care - Success



New Mexico voted a child care guarantee into its constitution. For one mom, it means her 8-year-old doesn't worry about money anymore

By Rene Marsh, CNN

Updated 12:52 PM EST, Sun December 4, 2022

Story available [here](#).

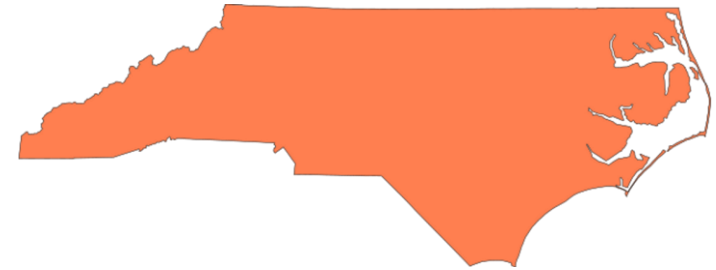


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Medicaid 1115 Waivers - Success

- “Healthy Opportunities Pilot”
- \$650 million over 5 years
- Evidence-based, non-medical, case management and other services to improve social determinants of health:
 - Housing
 - Food
 - Transportation
 - Interpersonal safety



What Can You Do?

- Help preserve Medicaid coverage for children and families.
 - AAP Resources [here!](#)
- Connect families to affordable childcare.
 - ChildCare Aware state-by-state resources [here!](#)
- How is your state spending their TANF funds?
- Work with an organization to influence federal policy.
 - Ray E. Helfer Society
 - Academic Pediatric Association
 - American Academy of Pediatrics



Four Conclusions

Conclusion #1:

Public benefit programs have broad positive impacts on child and family well-being, with one of them being the prevention of child abuse and neglect.



Conclusion #2:

It remains unclear if public benefit programs are reducing (or increasing) racial & ethnic disparities in child maltreatment.



Conclusion #3

Poverty = *Policy Choice*

Poverty = Child Maltreatment

Child Maltreatment = *Policy Choice*



Words Matter

- ~~Social~~ Determinants of Health
- ~~Moral~~ Determinants of Health
- Policy Determinants of Health



The Public Health Case for a Universalist Child Tax Credit

VIEWPOINT

JAMA Pediatrics

Seth A. Berkowitz,
MD, MPH

Colin J. Orr, MD, MPH

Deepak Palakshappa,
MD, MSHP

“...let’s not means test children’s health.”



Conclusion #4

We need to legislate in an evidence-based way that promotes health, well-being, and equity.



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Questions? Concerns?

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