

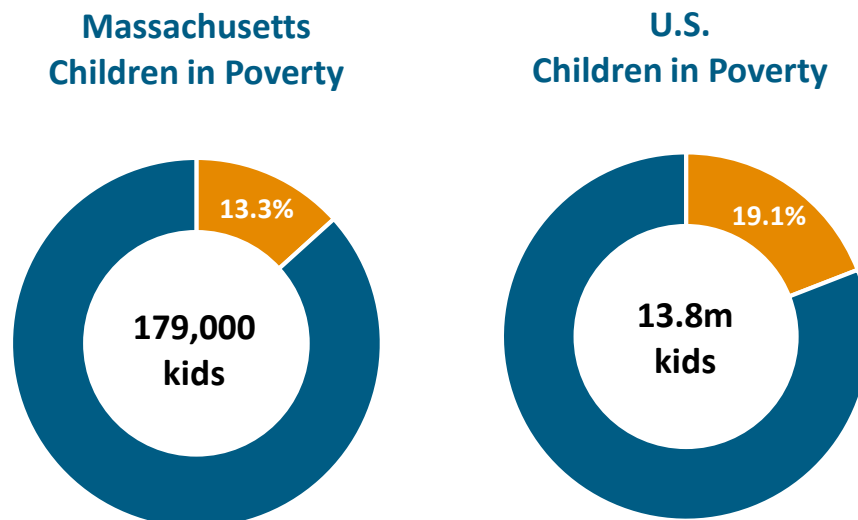
Improvements for Our Children: Fewer in Poverty; Almost All Insured

Nancy Wagman, Kids Count Director

The share of children in Massachusetts growing up in poverty declined significantly in 2016, according to data released today by the U.S. Census Bureau. Since 2014 the child poverty rate has declined from 14.9 percent to 13.3 percent. This positive trend appears to reflect both the strength of our state economy and policy choices. Massachusetts has had strong job growth in recent years and has increased the minimum wage by two dollars an hour between 2014 and 2016. Health insurance rates for children in Massachusetts and nationally also both showed a statistically significant increase between 2015 and 2016.¹

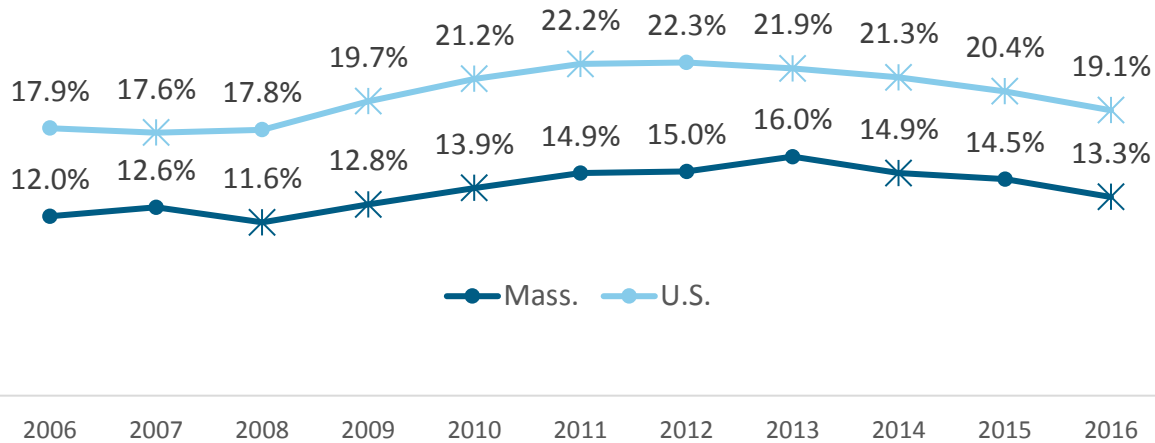
Even In Times of Growing Prosperity, More Than One in Eight Children Still Left Behind

Although our state and national economies have [gained ground](#) since the end of the most recent recession, many families and children have been left behind by the slow recovery. More than one in eight children in Massachusetts still lives in households in poverty.²



Data released today by the U.S. Census Bureau indicate that child poverty in Massachusetts has dropped between 2015 and 2016, with slightly more than 179,000 children, or 13.3 percent, below the poverty line (incomes of approximately \$24,300 a year for a family of four.) This is a statistically significant drop from 14.5 percent in 2015. Nationally, child poverty dropped from 20.4 percent to 19.1 percent. This was also a statistically significant drop, but it still leaves close to 13.8 million children—almost one in five—below the poverty line across the country (see chart).

Child Poverty Has Been Persistent But Is Dropping



Related children under 18 below 100% federal poverty level

* Indicates change is statistically significant from prior year.

Source: U.S. Census Bureau, American Community Survey, 1-Year Estimates

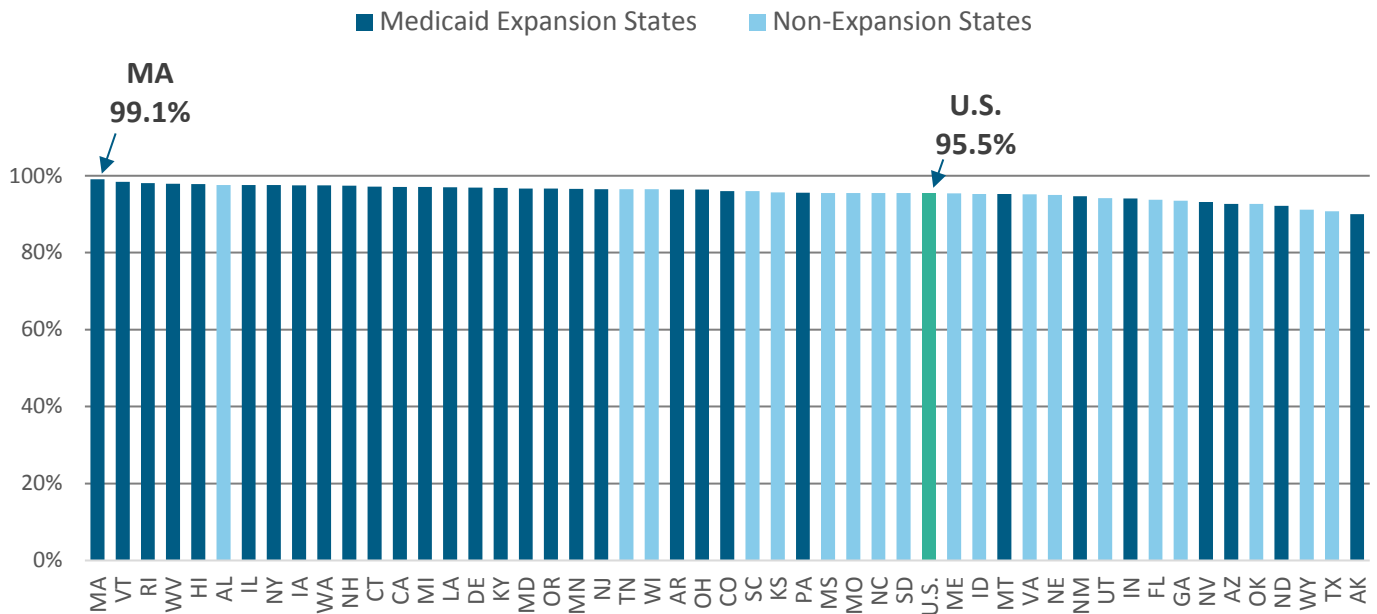
Using a slightly different way of measuring child poverty, the Census Bureau notes that were it not for refundable tax credits such as the Earned Income Tax Credit and the Child Tax Credit, 4.4 million more children would have been below the poverty line nationwide in 2016. Without SNAP (food stamps), 1.5 million more children nationally would have been in poverty.³

These public programs make a difference nationally in children’s well-being, and make a difference in Massachusetts as well. A recent [analysis](#) estimated that programs such as the tax credits, SNAP, Supplemental Security Income (SSI), and federal rental assistance lifted approximately 199,000 children above the poverty line in Massachusetts.

Massachusetts’ Leadership in Health Insurance Coverage

Although public policies have not been successful at ensuring that every child in Massachusetts grows up with economic security, Massachusetts’ health reform efforts have been effective at bringing health insurance to almost every child in Massachusetts. Ninety-nine percent of children in Massachusetts now have health insurance—just shy of universal coverage. Fortunately, thanks in large part to national health reform, and to funding from such programs as the federal Children’s Health Insurance Program (CHIP), other states are finally catching up to Massachusetts’ impressive health insurance rates for children.⁴

States That Expanded Medicaid Have Highest Child Health Insurance Rates



Percent of Children Under 18 With Health Insurance
 Source: U.S. Census Bureau, American Community Survey, 2016 1-Year Estimate

Nevertheless, health insurance alone does not guarantee access to health care. Health care that is truly accessible is affordable and available when needed. Health insurance helps make health care affordable, but there are other challenges to making sure health care is available for children when needed. A [survey](#) conducted by the Massachusetts Center for Health Information and Analysis found that approximately one of every six children was unable to get an appointment with a health provider when needed, and that as many as one-half to three-quarters used an emergency room because they were unable to get a needed appointment. Access to health care is also not evenly distributed across the state. Whereas there may be certain individual neighborhoods in eastern Massachusetts that have been designated as “medically underserved” for primary care, there are large geographic swaths of western Massachusetts that have that designation. Behavioral health care, oral health care, and other specialized services are also not easily accessible to children across all parts of the Commonwealth.⁵

¹ See discussion in MassBudget’s companion brief, [MA Poverty Down, Incomes up Substantially in 2016](#).
² Child poverty is not evenly distributed across the Commonwealth. For a discussion of the varying impacts of poverty, please see MassBudget’s [Race to Equity: The State of Black Massachusetts](#), and see regularly-updated data at the [Kids Count Data Center](#).
³ The “Supplemental Poverty Measure” is a relatively new statistic that expands the definition of income to include certain non-cash benefits provided by specific programs, that takes into account certain necessary expenditures such as out of pocket medical costs, and that accounts for regional variations in the cost of living. Because of the way this measure is calculated, it is now possible to calculate the impact that these programs have on poverty. See U.S. Census Bureau, [The Supplemental Poverty Measure: 2016](#). See also MassBudget’s brief, [MA Poverty Down, Incomes up Substantially in 2016](#).

⁴ Note that the health insurance data in this brief refer to children under 18. Data in a previously-released brief, [*Documenting Success: Health Reform in Massachusetts and the Nation*](#) showed health insurance rates for children under 19.

⁵ “Medically Underserved Areas and Populations”, U.S. Dept. of Health and Human Services, Health Resources and Services Administration, available at <https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>.