

Improving Health Outcomes by Connecting to the EITC:

A Conversation for Funders

July 26, 2018 2:00 pm

Speakers:

Kelli Komro, Rollins School of Public Health at Emory University

Padmini Parthasarathy, The California Wellness Foundation

Ria Pugeda, Consumer Health Foundation

About GIH

Grantmakers In Health (GIH) is a nonprofit, educational organization dedicated to helping foundations and corporate giving programs improve the health of all people.

Our mission is to foster communication and collaboration among grantmakers and others, and to help strengthen the grantmaking community's knowledge, skills, and effectiveness.

TRACKING THE FIELD

How Funders are Addressing Neighborhood Conditions that Shape Health



66

FUNDING PARTNERS
RESPONDED



47%

FUND AT
THE LOCAL LEVEL



88%

INVEST IN NEIGHBORHOOD
CONDITIONS
THAT SHAPE HEALTH

KEY PRIORITY AREAS

40
FUNDERS

BUILT
ENVIRONMENT

37
FUNDERS

HOUSING

36
FUNDERS

PLACE-BASED

35
FUNDERS

COMMUNITY
DEVELOPMENT

EMERGING ISSUES



SAFETY AND
VIOLENCE



ENVIRONMENTAL
HEALTH



TRAUMA AND
BEHAVIORAL HEALTH



TRANSPORTATION

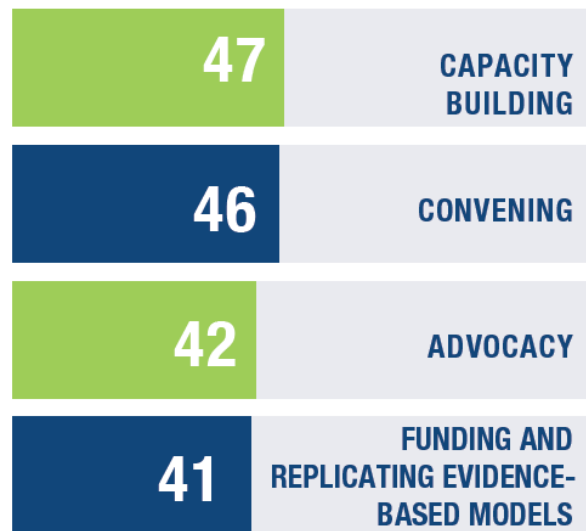


ECONOMIC
SECURITY

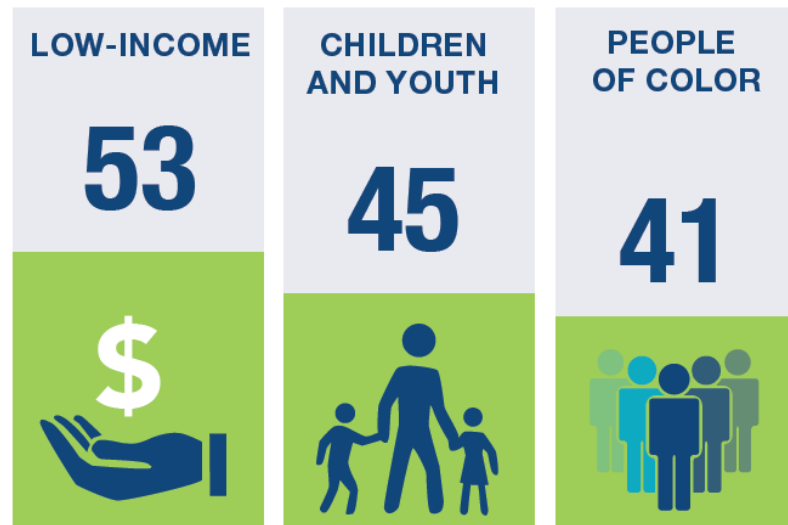


COMMUNITY-BASED
HEALTH CARE

TOP STRATEGIES FUNDERS ARE SUPPORTING



POPULATIONS TARGETED



RECOMMENDATIONS

- 1 Elevate community voice.
- 2 Advance policy change.
- 3 Foster cross-sector collaboration.



FOR FUNDERS

- 4 Bridge housing and health.
- 5 Expand the conversation.
- 6 Put equity front and center.
- 7 Focus on long-term change.

Who We Are

Goals

The goals of the EITC Funders Network include:

- Increase communication among funders about EITC-related projects across the country;
- Explore issues confronting the field;
- Discuss ways to sustain and scale-up EITC work; and
- Leverage funding for EITC-related projects

Thematic Pillars

- Outreach and Tax Preparation
- Policy
- Benefits Access
- Financial Empowerment

Our Members

- Almost 300 members
- Community foundations, family foundations, public charities, corporate philanthropy

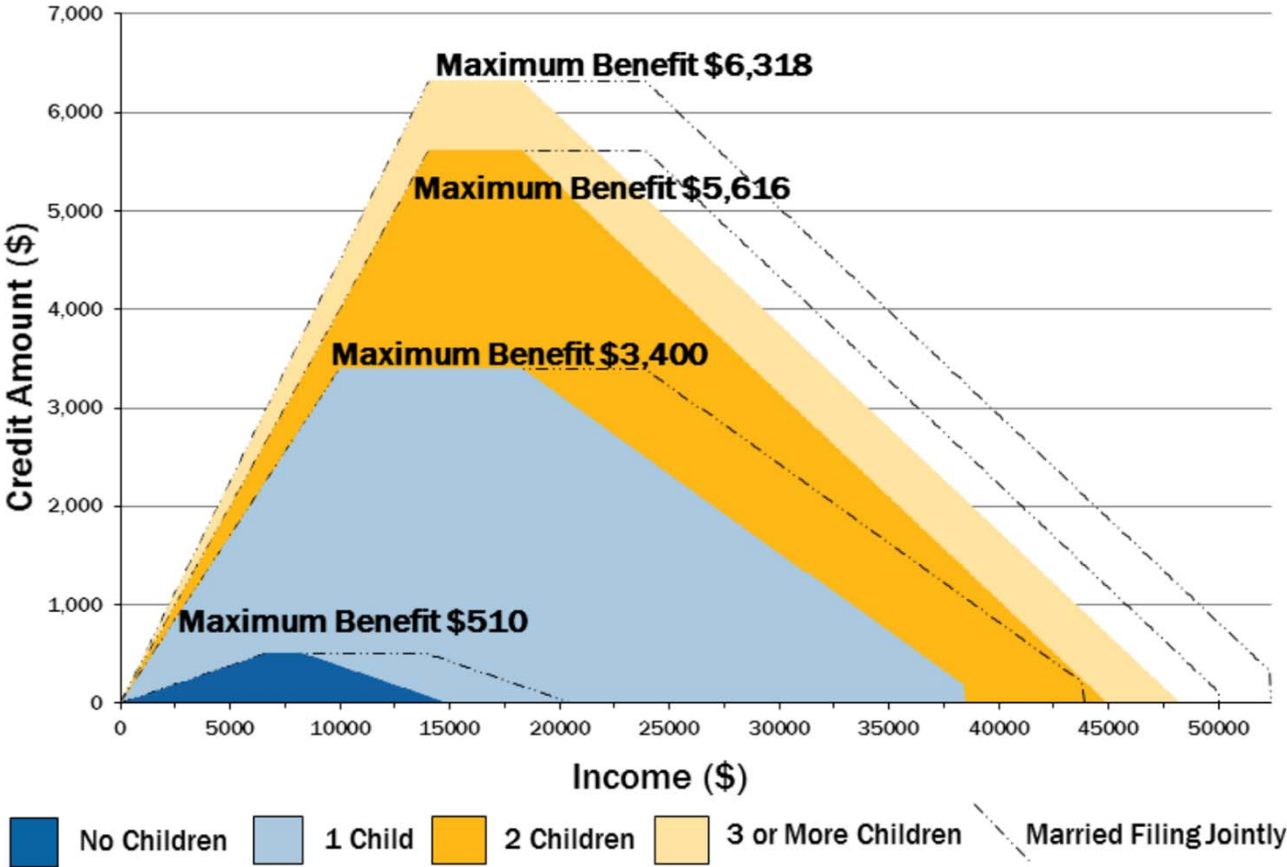


What We Do

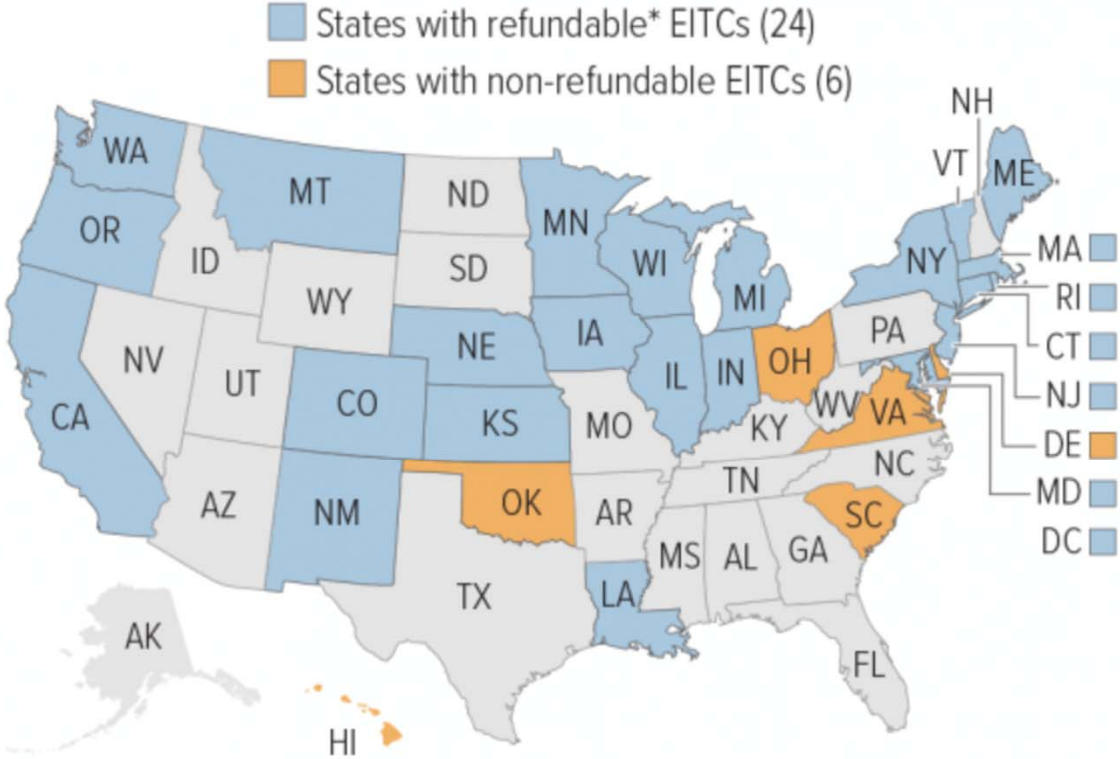
- Meetings
- Webinars
- eNewsletter
- Website
- Consultation

About the EITC

The Federal EITC in Tax Year 2017



About the EITC



*Refundable EITCs give working households the full value of the credit they earn even if it exceeds their income tax liability.

Source: CBPP analysis

About the EITC

EITC Benefits Span the Life Cycle



Improved infant and maternal health



Better school performance



Greater college enrollment



Increased work and earnings in the next generation



Social Security retirement

Upcoming Event



**Advancing Racial and Gender Equity
Through the Tax Code:
Tax Credits and Beyond**



A Funder Convening at the 2018 Prosperity Summit

September 6, 2018 * 2:00 – 5:00 pm

Co-Hosted By:

EITC Funders Network, the Asset Funders Network (AFN), Closing the Women's Wealth Gap Initiative, Grantmakers Concerned with Immigrants and Refugees (GCIR), Grantmakers Income Security Taskforce (GIST), and the Philanthropic Initiative for Racial Equity (PRE)



EITC and Health Outcomes

KA Komro, PhD, S Markowitz, PhD, MD Livingston, PhD, & AC Wagenaar, PhD
Emory University Rollins School of Public Health & Dept of Economics
S Burris, JD, Temple University Beasley School of Law

Family Economic Security Policy: Effects on Infant and Child Health Disparities

1. Minimum Wage Laws
2. Earned Income Tax Credit (EITC)
3. Unemployment Insurance
4. Temporary Assistance for Needy Families (TANF)

R01 funded by the National Institute on Minority Health and Health Disparities, 2015-2019

Initial policy surveillance and pilot studies funded by the Robert Wood Johnson Foundation Public Health Law Research program, 2012-2015

Working-Family Tax Credits Help at Every Stage of Life

The Earned Income Tax Credit (EITC) and Child Tax Credit (CTC) not only reward work and reduce poverty for low- and moderate-income working families with children, but a growing body of research shows that they help families at virtually every stage of life:



Improved Infant and
Maternal Health



Greater College
Enrollment



Better School Performance



Increased Work
and Earnings in
the Next
Generation









Social Security Retirement
Benefits

Source: Marr, C., Huang, C. C., Sherman, A., & DeBot, B. (2015). EITC and Child Tax Credit Promote Work, Reduce Poverty, and Support Children's Development, Research Finds. *report*, Center on Budget and Policy Priorities, Washington, DC. Retrieved from <http://www.cbpp.org/research/federal-tax/eitc-and-child-tax-credit-promote-work-reduce-poverty-and-support-childrens>

EITC and *Adult* Health

- Narrative reviews (Komro et al., 2014; Spencer & Komro, 2017)
 - ↓ smoking among (white) mothers
 - ↓ risky levels of biomarkers
 - ↑ self-reported physical and mental health
 - ↑ health indicators among men and women
- Cochrane Systematic Review through 2012 (Pega et al., 2013)
 - Limited research
 - Need for more rigorous research designs
 - Limited evidence of health effects among women
 - Mixed evidence favoring a reduction of tobacco smoking

EITC and *Child* Health

- Federal EITC (Hamad & Rehkopf, 2016)
 -  home environment
 -  problem behaviors
- State EITC
 -  mother-rated health status of children ages 6-14; no association among children 5 or younger (Baughman & Duchovny, 2016)
 -  pediatric abusive head trauma (Klevens et al., 2017)
- Combination of federal and state EITCs (Berger, Font, Slack, & Waldfoegel, 2017)
 -  mother-reported child neglect
 -  Child Protective Services involvement

EITC and *Infant* Health

- Federal expansions during the 1990s on mothers with HS education or less (Hoynes et al. 2015; Hamad & Rehkopf, 2015)
 - ↓ low birth weight, ↑ average birth weight
 - ↑ breastfeeding
 - ↑ prenatal care, ↓ maternal smoking
- State EITCs
 - ↓ smoking during pregnancy, ↑ average birth weight (Evans & Garthwaite, 2011)
 - ↓ infant mortality rate (Arno et al., 2009)



Contents lists available at [ScienceDirect](#)

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed



Effects of state-level Earned Income Tax Credit laws in the U.S. on maternal health behaviors and infant health outcomes

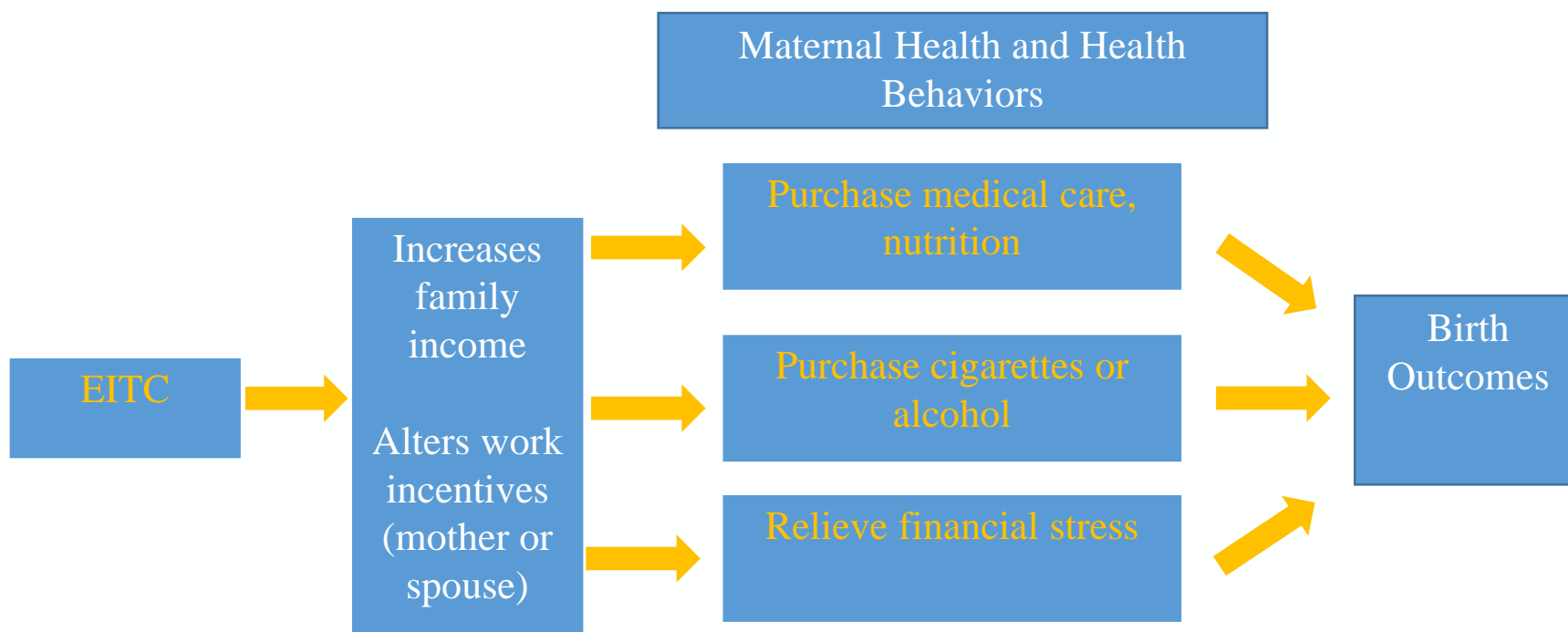


Sara Markowitz^a, Kelli A. Komro^{b,*}, Melvin D. Livingston^c, Otto Lenhart^d,
Alexander C. Wagenaar^b

Contribution

- Quasi-experiment
- Effects of *state* EITCs
- *Presence* and *generosity* of state EITCs
 - infant health outcomes
 - possible mechanisms via maternal health behaviors

Conceptual Framework



State EITC

- In 1994, 5 states had an EITC → In 2013, 26 states had an EITC
- State-specific EITC ranges from 3.5% to 40% of the federal amount, varies by number of children and refundability

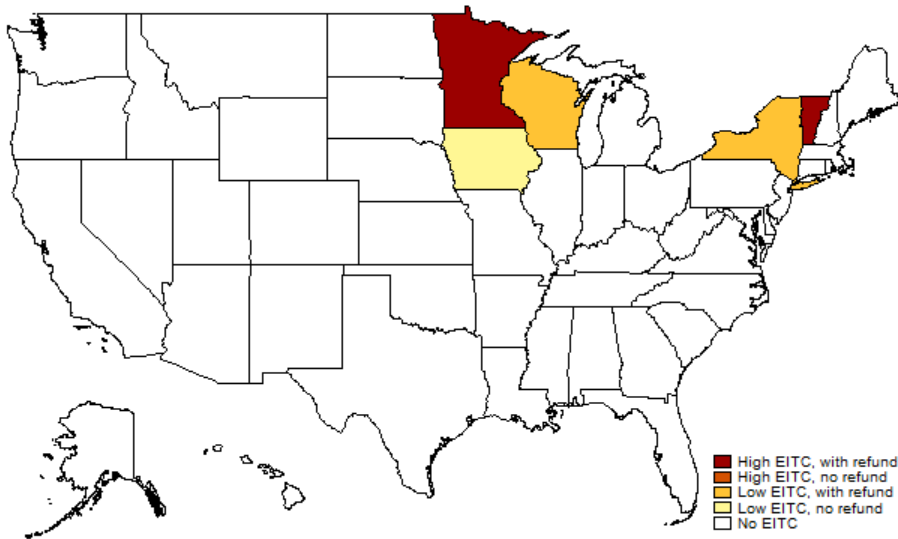
EITC summary measure

Least generous  Most generous

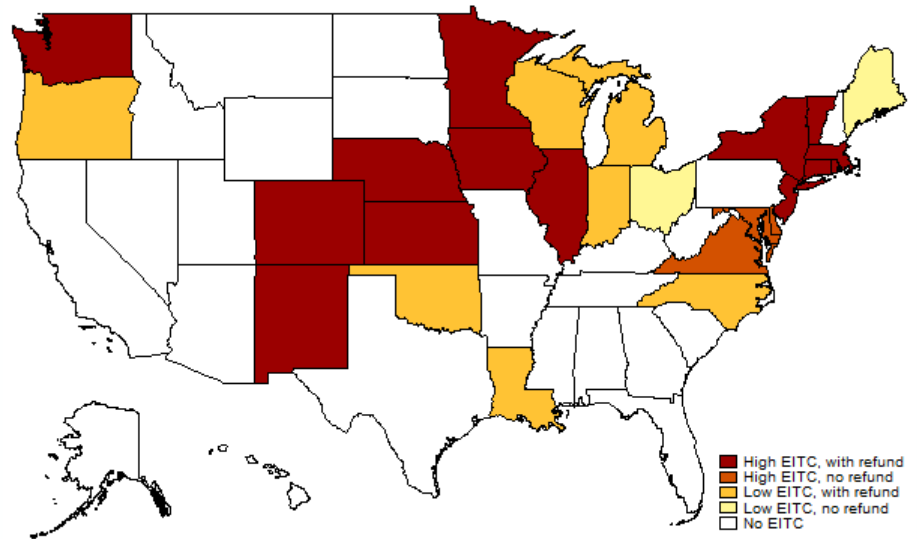
States with <u>no EITC</u>	States with an EITC, <u>nonrefundable</u> payments, and payments <u>less than 10%</u> of the federal amount	States with an EITC, <u>refundable</u> payments, and payments <u>less than 10%</u> of the federal amount	States with an EITC, <u>nonrefundable</u> payments, and payments <u>10% or more</u> of the federal amount	States with an EITC, <u>refundable</u> payments, and payments <u>10% or more</u> of the federal amount
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Generosity of state EITCs, families with one child

1994



2013



Birth Certificate Data 1994-2013

Dependent Variables	
Infant Health Outcomes	Maternal Health Behaviors
Birth Weight	I st Trimester prenatal care
Birth Weight less than 2500 g	Smoking during pregnancy
Gestation weeks	Drinking during pregnancy (limited years)
	Adequate Weight Gain

Limit sample to

- mothers with high school education or less
- singleton births
- women 18 or older

BIRTH OUTCOME RESULTS

	Dependent Variables		
	Birth Weight in Grams	Birth Weight <2500g	Gestation Weeks
Low EITC No Refund	9.441* (3.605)	-0.003* (0.001)	0.048 (0.029)
Low EITC With Refund	16.845* (6.883)	-0.005* (0.002)	0.026 (0.037)
High EITC No Refund	12.681* (3.680)	-0.003* (0.001)	0.165* (0.017)
High EITC With Refund	27.307* (6.083)	-0.008* (0.002)	0.077* (0.031)
Mean of outcome	3280	0.07	38.75

Note: standard errors in parentheses, adjusted for clustering at the state level

*statistically significant at $\alpha=0.05$

Quantile Regression Results

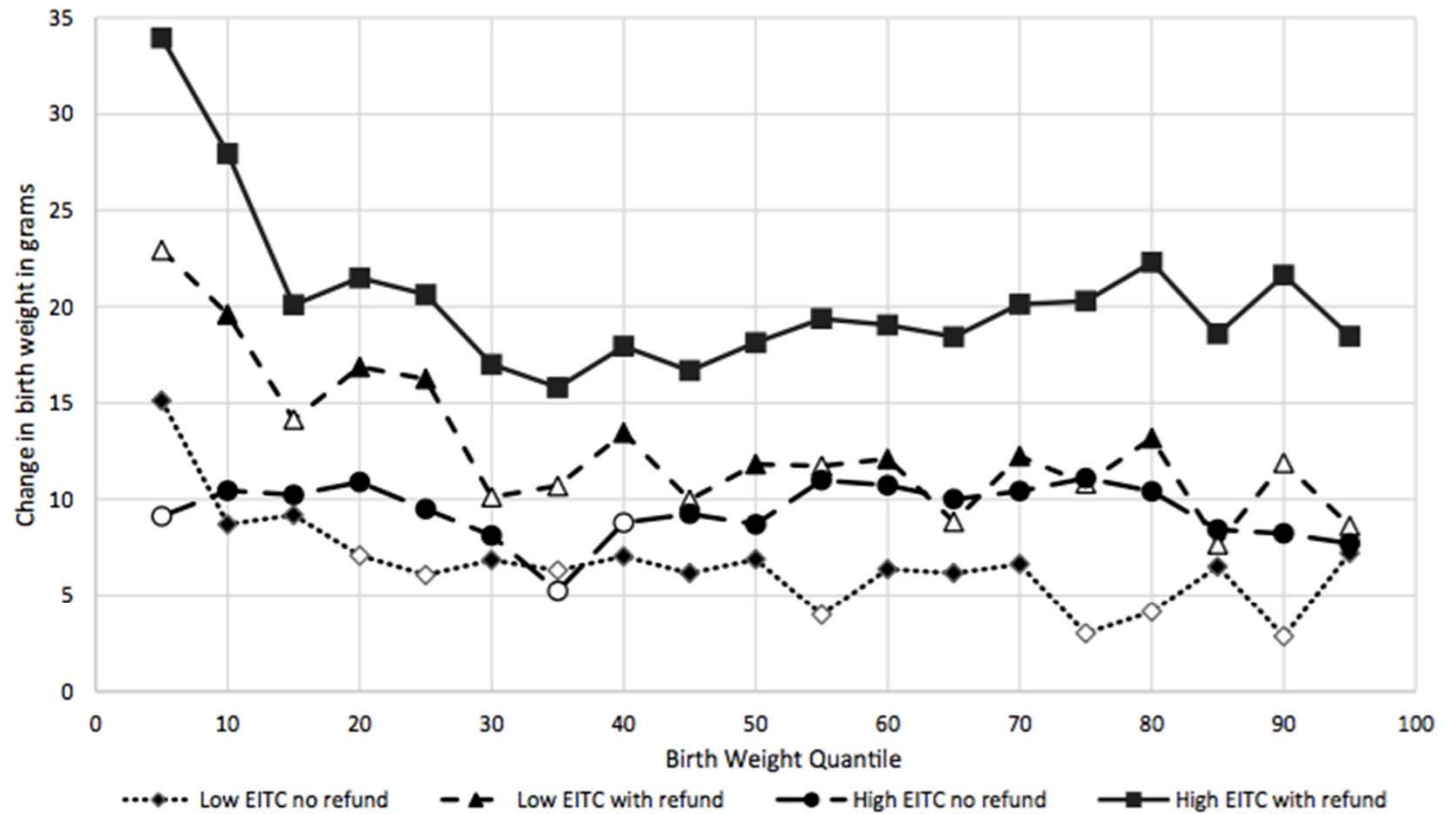


Fig. 2. Effects of EITC Generosity on Birth Weight Using Unconditional Quantile Regression at 5th through 95th Quantiles.
 Note: N = 30,780,950. Solid marker indicates point estimate is statistically significant at the 5% level.

Conclusions

- More generous state EITCs associated with reductions in the probability of LBW
 - 0.3 to 0.8 percentage points reductions
 - 4%–11% reductions
 - 4,300 to 11,850 fewer babies born low birth weight every year among low-educated women
- Largest birth weight increases occurred at the lowest birth weights, increasing weight by 1%-1.5% in the most generous states
- Only limited evidence supporting the hypothesized mechanisms of early prenatal care and reduced smoking

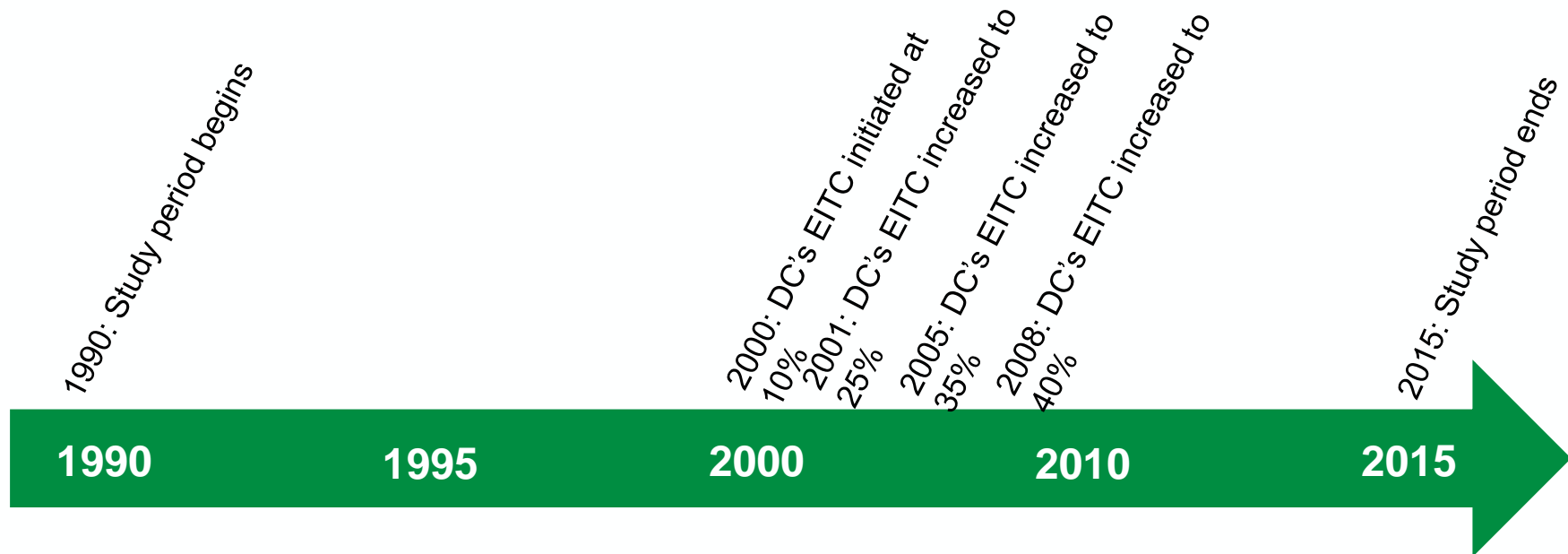
**Effects of Changes in Earned
Income Tax Credit:
Time-series Analyses of the
Experience in Washington DC**

**A.C. Wagenaar, M.D. Livingston,
S. Markowitz & K.A. Komro**

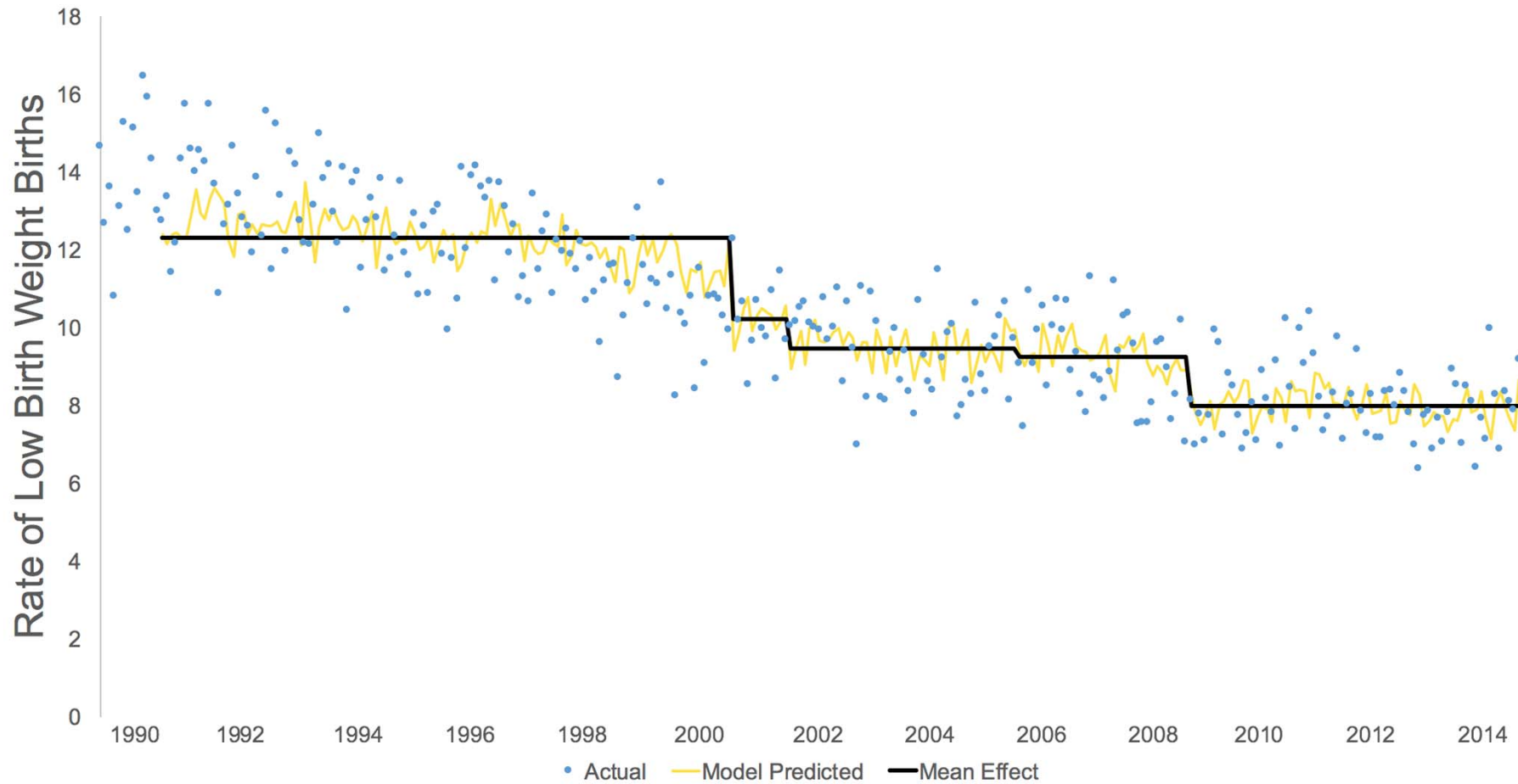
Under review

EITC in DC

- Four distinct policy changes over 8 year period
- Percentage of the federal EITC, fully refundable



Effects of EITC on Low Birth Weight



Bottom Line: Effects in DC

- 40% tax credit → 40% decrease in low birth weight births from baseline
- Prevents an estimated 349 low-weight births per year

We're Just Getting Started

- Continued monitoring and coding of legal changes
- Minimum wage and EITC interactive effects
- Effect curves or thresholds
- Minimum wage and EITC optimum legal constructions
- TANF effects on birth outcomes
- Exploring differential effects by race/ethnicity
- Additional health outcomes
- Additional policies affecting social determinants

Role for Foundations

- Expansion of EITC
- Implementation of EITC
- Policy surveillance
- Policy and implementation research
- Doctoral and postdoctoral research

Making the Health-Wealth Connection in Philanthropy: *Why? What? How?*

Padmini Parthasarathy, MPH
Program Director

EITC Funders Network/GIH Webinar
July 26, 2018



THE CALIFORNIA
Wellness
FOUNDATION



Asset Funders *Network*

GRANTMAKER MEMBERSHIP
ORGANIZATION FOCUSED ON
BUILDING ECONOMIC WELL-BEING
FOR ALL



THE HEALTH AND WEALTH CONNECTION: Opportunities for Investment Across the Life Course



- Publications:
 - Full brief
 - Executive Summary
 - 2017 launch webinar
 - Funders Discussion Guide

Life Course Investment Opportunities



IN UTERO - TODDLER
0-3 YEARS



CHILDHOOD - ADOLESCENCE
3-17 YEARS



YOUNG ADULTHOOD
18-30 YEARS



MIDDLE ADULTHOOD
30-50 YEARS



OLDER ADULTHOOD
50-70+ YEARS

Recommendations for Funders

- Actively pursue and develop opportunities to **invest** in health and economic well-being across the life course.
- Encourage a focus on health and asset building in **multiple settings and systems**, meeting individuals and families where they are.
- Support community **infrastructure**.
- Building awareness and providing resources to **educate and inform** key decision-makers and the public.
- Support asset-building and health **research**.
- Increase opportunities for funders to **learn** from one another and **collaborate**.

Health-Wealth 2.0: Strategy Spotlights

- In 2018 and 2019, AFN will produce up to five Strategy Spotlights based on the Life Course graphic in the original health/wealth brief
- AFN is actively seeking innovative examples of integrate health/wealth work in action for the series
- Funders interested in learning more about the Spotlights, sharing an innovative example, and/or investing in the series are encouraged to reach out to Abby Hughes Holsclaw at abby@assetfunders.org



THE CALIFORNIA WELLNESS FOUNDATION

OUR VISION:

For every resident of California to enjoy good health and experience wellness.

OUR MISSION:

To protect and improve the health and wellness of the people of California by increasing access to health care, quality education, good jobs, healthy environments and safe neighborhoods.

ADVANCING WELLNESS

Bridging the Gaps in Access and Quality Care

- Advancing Health Care Reform and the Affordable Care Act
- Strengthening Community Clinics
- Improving Oral Health Care for Low-Income Adults and Seniors
- Increasing Diversity in the Health Professions

Promoting Healthy and Safe Neighborhoods

- Fostering Healthy Environments
 - Promoting Violence Prevention
-

ADVANCING WELLNESS

Civic Engagement

Expanding Employment and Education Pathways

- Increasing Educational Opportunities for Resilient Youth
- Promoting Employment and Asset-Building Opportunities



PROMOTING EMPLOYMENT AND ASSET-BUILDING OPPORTUNITIES

Two broad categories:

- 1) Supporting financial stability-related strategies in and of themselves. **Financial and economic outcomes are health outcomes.**
 - 2) Strategies that explicitly make the connection between health and wealth, including **cross-sector efforts.**
-

EITC GRANT EXAMPLES

- **California Budget and Policy Center:** public policy efforts re: EITC, particularly CalEITC
- **Golden State Opportunity Foundation:** public policy and outreach re: CalEITC
- **United Way of the Bay Area:** VITA sites



EITC GRANT EXAMPLES

- **United Ways of California:** integrating health and income-related (including EITC) public policy efforts



CHALLENGES

- Evaluation and measurement
- Learning
- Grantmaking processes, systems and approaches



HOW TO GET STARTED



- Start with where you and your grantees are at.
- Learn! Teach!
- Find new partners
- Go beyond grantmaking

Improving Health Outcomes by Connecting to the EITC: A Conversation for Funders

RIA PUGEDA

SENIOR PROGRAM OFFICER, CONSUMER HEALTH FOUNDATION

JULY 26, 2018



Health Equity

Racial Equity Approach

Racial Equity Impact Assessment Tool


Challenges



- Health inequities particularly impact communities of color which increase the risk for poor health. Undergirding these inequities in health and social outcomes is structural racism.
- Achieving health equity will require racial equity and economic justice. This means that the policies and systems that negatively impact people living in low-income communities and communities of color must change.
- There is significant evidence that health and income and assets are interconnected.



CONSUMER HEALTH FOUNDATION'S RACIAL EQUITY APPROACH

- Grounding our work in history so that we better understand how social policies got us to where we are.
 - Disaggregating data by race and place to identify groups and places where an intervention is most likely to create the biggest impact.
 - Using a racial equity impact assessment tool to help us consider policy solutions that will match the scale of challenges born out of decades of systemic racism.
 - Organizing communities so that people with lived experiences lead the development of solutions.
 - Working with our elected officials and agency leaders to educate them about solutions that they can formulate into policies, programs and systems changes to advance racial equity.
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RACIAL EQUITY IMPACT ASSESSMENT TOOL

What policy, regulation, program, practice or budget will the organization advocate for?

1. Identifying stakeholders

- Are people of color disproportionately and adversely impacted by this policy? If yes, in what way and why?
- Does this policy affect more than one community of color, offering an opportunity for relationship building among communities of color and organizations of color? If yes, in what way? How does it affect more than one community of color? If yes, how can relationship building take place?

2. Engaging stakeholders

- Are stakeholders from different racial/ethnic groups – especially those most adversely impacted, leading the development of proposals to address the policy? If not, who is missing? If yes, in what way? If not, why not and how can they become engaged?
- Do the stakeholders know the systems of power that must be interrupted in order to gain racial equity? If not, what would be needed to make that possible?

3. Identifying and documenting racial inequities

- Within communities of color, are some racial/ethnic groups more advantaged or disadvantaged when it comes to this policy? If yes, why and how?

4. Examining causes

- If there is a policy under consideration to address an issue, does it address the root causes of racial inequities and racialized outcomes? If not, how could it address the root causes?

5. Clarifying the purpose


- If there is a policy under consideration, will it reduce or eliminate racial inequity and undo racialized outcomes? If yes, in what way? If not, how could it do so?



6. Considering the adverse impacts


- If there is a policy under consideration, can you anticipate adverse impacts of unintended consequences? If yes, what might it be; who might be negatively affected; who might be leading the backlash; and how could these impacts be minimized?
- What other proposals/efforts should be considered alongside or instead of the proposal under consideration to maximize positive impact?

7. Ensuring success

- Are the policies adequately funded for them to be successfully implemented and sustained? If not, how could these be achieved?
 - Are there provisions to ensure data collection, public reporting, stakeholder leadership, and public accountability? If yes, what are they?
- 

PHILANTHROPY'S ROLE IN ADDRESSING NEIGHBORHOOD CONDITIONS THAT SHAPE HEALTH, GRANTMAKERS IN HEALTH

Top Challenges:

- Elevate community voice.
 - Advance policy change.
 - Foster cross-sector collaboration.
 - Put equity front and center.
 - Focus on long-term change.
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- More webinars on this topic?
- New topics you want to tackle or learn more about?
- Innovative work that you want to share?
- A question you want to pose to your colleagues?

Contact Us:

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