

The High Cost of Poverty: How Pediatrics Can Ameliorate its Effects on Child Health

AAP South Carolina Chapter
2016 Annual Meeting
July 30, 2016

Benard P. Dreyer, MD FAAP

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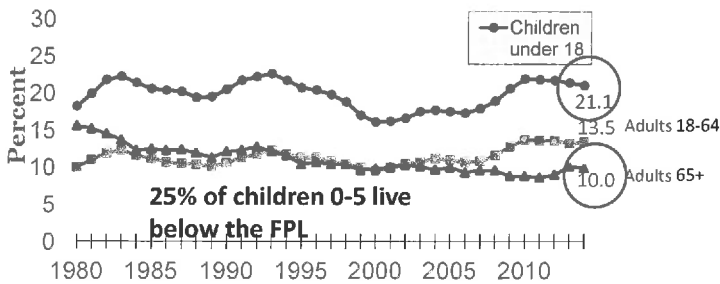
DISCLOSURE STATEMENT

Benard P. Dreyer, MD, FAAP

Has documented that he has nothing to disclose.

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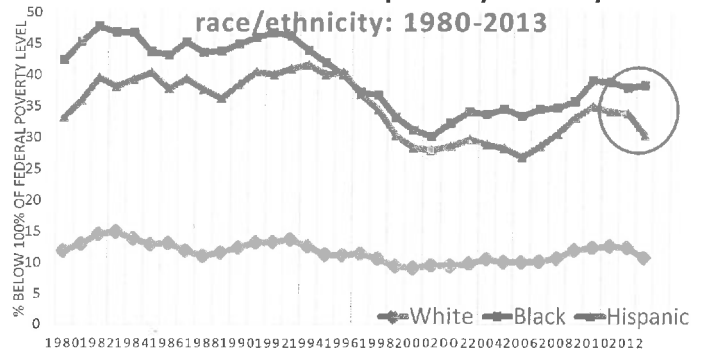
U.S. POVERTY TRENDS BY AGE GROUP 1980-2014



Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement
(<http://www.census.gov/hhes/www/cps/cps.html>)

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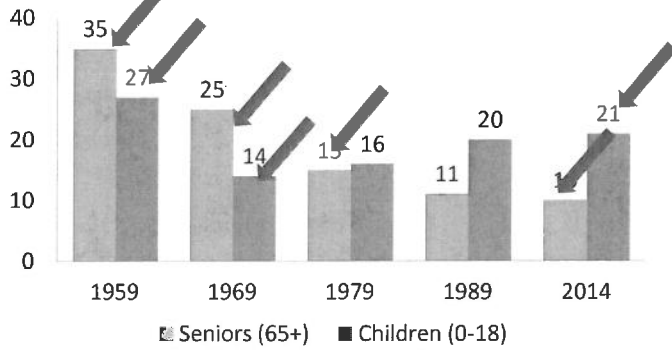
Portion of children in the U.S. Living below the federal poverty level by race/ethnicity: 1980-2013



Source: U.S. Census Bureau, Income and Poverty in the United States: 2013, Current Population Reports

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% POVERTY OVER TIME: 1959-2014 SENIORS VS. CHILDREN



Sachs JD. The Price of Civilization. 2011, Random House, American Academy of Pediatrics NY. Chapter 10, pp. 185-208

US FEDERAL POVERTY LEVEL DEVELOPED IN 1963-64

Mollie Orshansky
Social Security Administration

**100% FPL for Family of 2 adults, 2 children:
\$23,850**

Based on "economy food plan"

Cheapest of 4 food plans developed by the Dept of Agriculture

"designed for temporary or emergency use when funds are low"

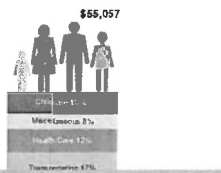
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HOUSEHOLD BUDGETS CHANGE AS FAMILIES GROW

- Basic Need
- Childcare
- Taxes
- Miscellaneous
- Health Care
- Transportation
- Food
- Housing



The budget for a family changes over time—and the toughest time is the first years of its children's lives.



43% of children are below 200% FPL

**One parent working full time at NY minimum wage
in 2019 (\$15/hr): \$30,000**

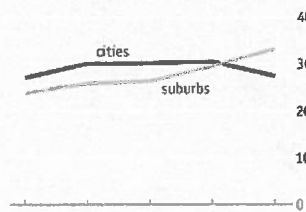
Block et al. Struggling to Get By:
The Real Cost Measure in California 2015

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POVERTY IS EVERYWHERE

Of picket fences and poverty

Percentage of America's poor* living in:

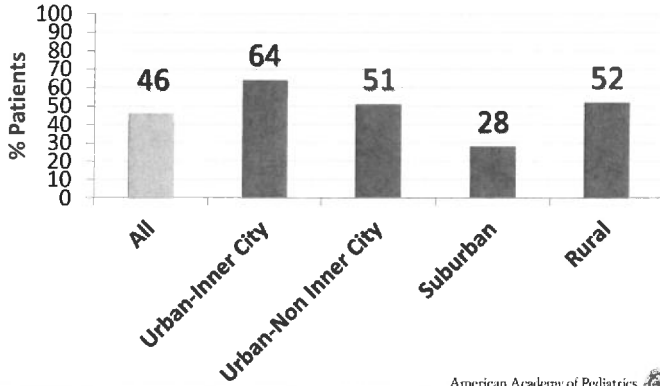


**Suburbs fasting
growing area for
poverty**

Source: Brookings Institution
*People living below the federal poverty threshold

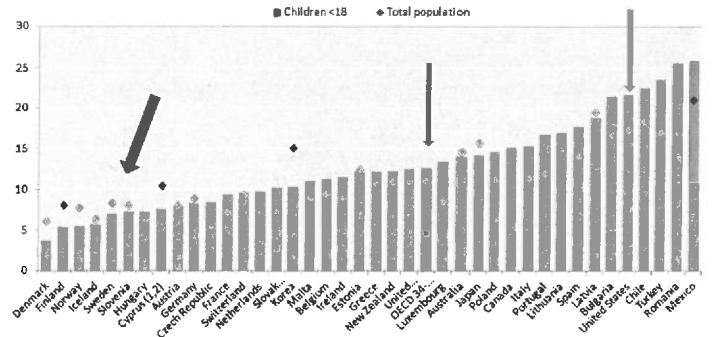
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POVERTY IS EVERYWHERE



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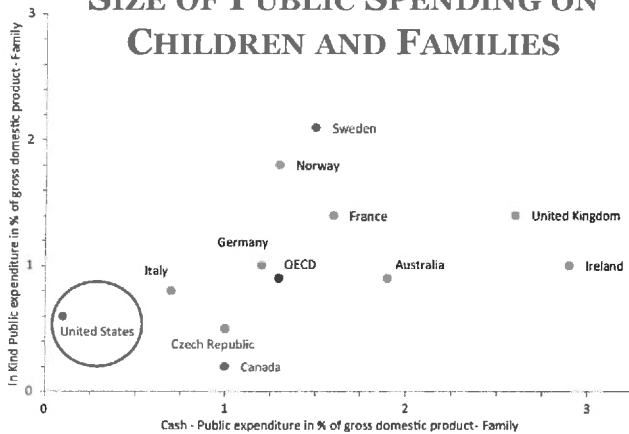
COMPARISON OF U.S. TO OTHER OECD COUNTRIES Organisation for Economic Co-operation and Development



CO2.2: Child Poverty. www.oecd.org/social/family/database/

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SIZE OF PUBLIC SPENDING ON CHILDREN AND FAMILIES



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THE UK'S WAR ON CHILDHOOD POVERTY

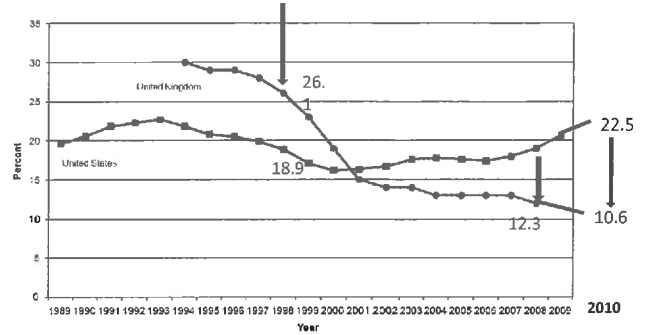
- In March 1999, Prime Minister Tony Blair declared war on childhood poverty:
 - “Our historic aim will be for ours to be the first generation to end child poverty.”
- Gordon Brown, then Chancellor and later Prime minister, set a further target of cutting child poverty by half in 10 years.
- Over the next decade Blair & Brown committed considerable resources to attaining this goal:
 - “One Percent for the Kids”: An additional 1% of GDP invested in children and families to decrease childhood poverty

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UK'S WAR ON CHILDHOOD POVERTY: WHAT DID THEY DO?

1. Parental leave and work rules (9 months maternity leave!)
 2. Universal preschool for three and four year olds
 3. Preschool for disadvantaged 2-year olds
 4. Available high quality child care
 5. Home visiting and other services for poorest areas
1. Expanded universal child benefits and tax credits not based on working which is much greater for low income families
 2. Tax credits and benefits all paid regularly throughout the year to mother
 3. More benefits for younger children

ABSOLUTE CHILD POVERTY RATES: UNITED STATES AND UNITED KINGDOM

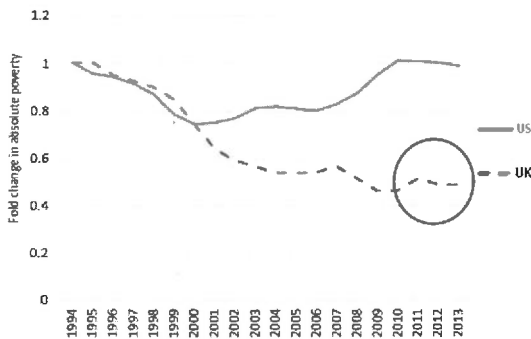


■ United States: Percent all persons under 18 years below official US Poverty Line, 1989-2009 (about 35 percent of median income in 2000)

● United Kingdom: Percent of U.K. children below the absolute poverty threshold 1989-2008 (about 60 percent of median income in 1989-90)

Smeeding T, Wolfsgel J. Fighting childhood poverty in the US, UK, and Australia. *Am J Pediatr*. 2012;122:101-107.
Cribb J, Joyce R, Phillip D. Living standards, poverty and inequality in the UK: 2012. IFS, 2012. IFS commentaries C124.

TRENDS IN ABSOLUTE POVERTY IN US & UK AFTER CONSERVATIVE GOVT COMPARISON TO 1994 LEVELS



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Mansour, Curran. Academic Pediatric Supplement. 2016

CANADA CHILD BENEFIT JUNE 15, 2016



- Slash child poverty by 40%
- Rate drops from 11% to 7%
- Almost universal: 90% of people will get some money
- Not tied to work
- Families with children under 6 will receive up to \$6400
- Families with children 6-17 will receive up to \$5400
- Families making <\$30,000 receive maximum benefit
- Phases out after \$200,000
- Paid monthly

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POVERTY AFFECTS CHILD HEALTH

Poverty is one of the most significant non-communicable diseases children are suffering from today



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CONSEQUENCES OF POVERTY: CHILD HEALTH

- Increased infant mortality
- Low birthweight and subsequent problems
- Chronic diseases such as asthma
- More food insecurity, poorer nutrition & growth
- Poorer access to quality health care and healthy food (transportation, food deserts)
- Increased accidental injury and mortality
- Increased obesity and its complications
- Increased exposure to toxins (i.e., lead) and pollutants

Moore KA et al. Children in poverty: trends, consequences, and policy options. 2009. Child Trends Research Brief

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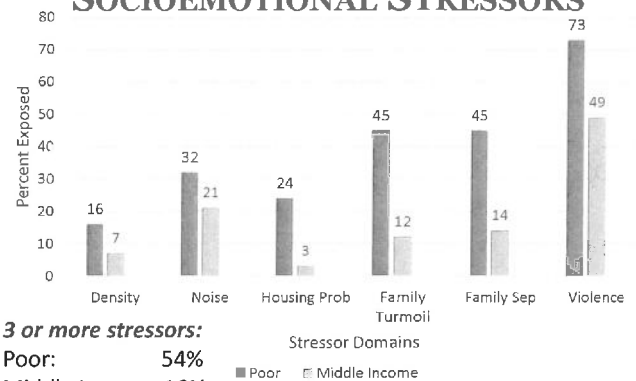
CONSEQUENCES OF POVERTY: WELL-BEING

- More toxic stress impacting EBCD
- Poorer educational outcomes:
 - poor academic achievement
 - higher rates of HS dropout
- Less positive social and emotional development
- More problem behaviors leading to “TAEs”
 - Early unprotected sex with increased teen pregnancy
 - Drug and alcohol abuse
 - Increased criminal behavior as adolescents and adults
- More likely to be poor adults
 - Low productivity and low earnings
- Especially if deep poverty (<50% FPL), long-term poverty, or poverty in early childhood

Moore KA et al. Children in poverty: trends, consequences, and policy options. 2009. Child Trends Research Brief

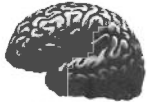
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DOUBLE HIT OF PHYSICAL AND SOCIOEMOTIONAL STRESSORS



Evans & English: Child Development 2002, Rural white sample
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WHY EARLY EXPERIENCES MATTER



Newborn Brain
Average weight
333 grams

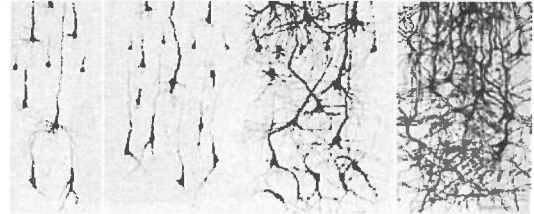


2 Year Old's Brain
Average weight
999 grams

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DRAMATIC GROWTH OF NEURONAL ARCHITECTURE FROM BIRTH TO 2 YRS

700 new synapses created each second in the early years!!



Newborn

1 month

6 month

2 years

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- Among children from lower income families, small differences in income were associated with relatively larger differences in brain surface area.
- These relationships were most prominent in regions supporting language, executive functions and spatial skills.
- Income relates to brain structure most strongly among the most disadvantaged children.

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Research

Original Investigation

Association of Child Poverty, Brain Development, and Academic Achievement

Editorial in JAMA Pediatrics:

The findings of the Hair et al study showed that poor cognitive and academic performance among children living in poverty was mediated by a smaller hippocampus and frontal and temporal lobes and that the decrease in volume of the latter 2 structures explained as much as 15% to 20% of the achievement deficits found.

Brain Development with complete sociodemographic and neuroimaging data. Data collection began in November 2001 and ended in August 2007. Participants were screened for a variety of factors suspected to adversely affect brain development, recruited at 6 data collection sites across the United States, assessed at baseline, and followed up at 24-month intervals for a total of 3 periods. Each study center used community-based sampling to reflect regional and overall US demographics of income, race, and ethnicity based on the US Department of Housing and Urban Development definitions of area income. One-quarter of sample households reported the total family income below 200% of the federal poverty level.

Hair et al. JAMA Pediatrics published online July 20, 2015

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DISPARITIES BEGIN VERY EARLY

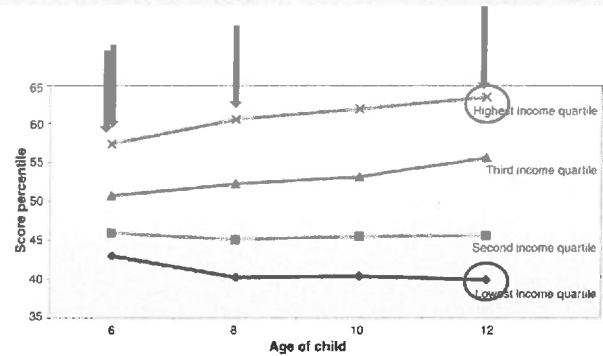
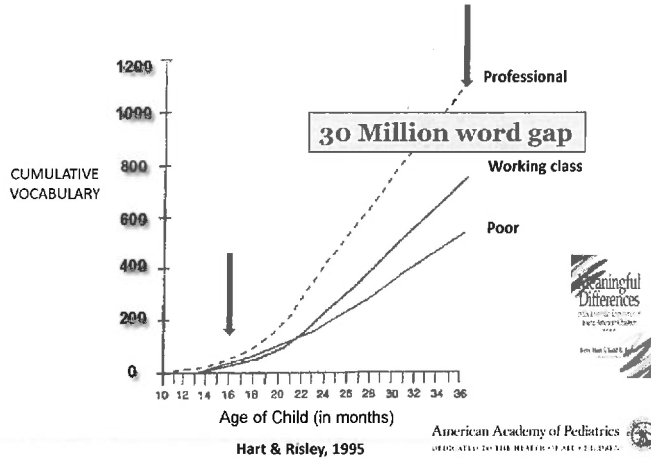
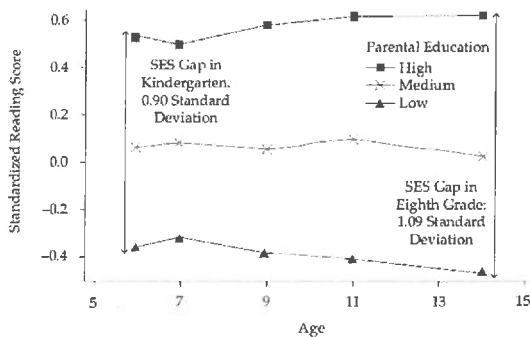


Fig. 1. Average percentile rank on Peabody Individual Achievement Test-Math score by age and income quartile. Income quartiles are computed from average family income between the ages of 6 and 10. Adapted from (3) with permission from MIT Press.

Heckman JJ. Skill formation and the economics of investing in disadvantaged children. *Science*. 2006;312:1900
 Carneiro P, Heckman JJ. In *Inequality in America: What Role for Human Capital Policies?* Heckman JJ, Krueger AB, MIT Press 2003, chapter 2, pp 77-237.

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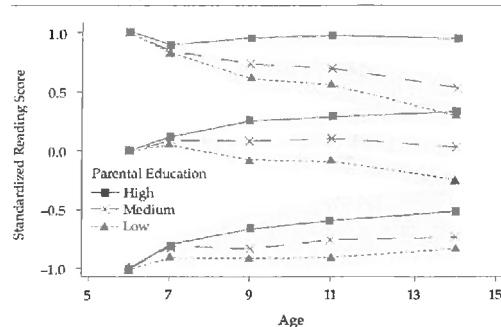
Figure 6.1 Average reading scores of children from different SES groups—and the gaps between them—change relatively little between kindergarten and eighth grade.



Source: Authors' calculations using the ECLS-K.

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Figure 6.4 Over time, achievement gaps emerge between low- and high-SES children who started school with the same level of reading ability. High-SES children always develop an advantage, whether they started with high, average, or low ability in kindergarten.



Source: Authors' calculations using the ECLS-K.

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And what we talk about children's problems, we say... elephant

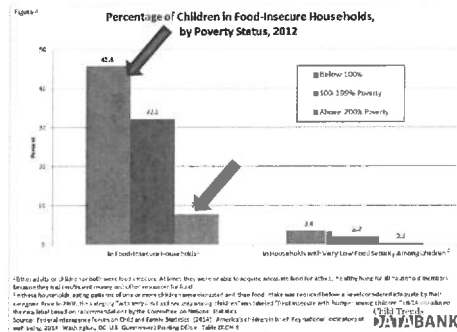
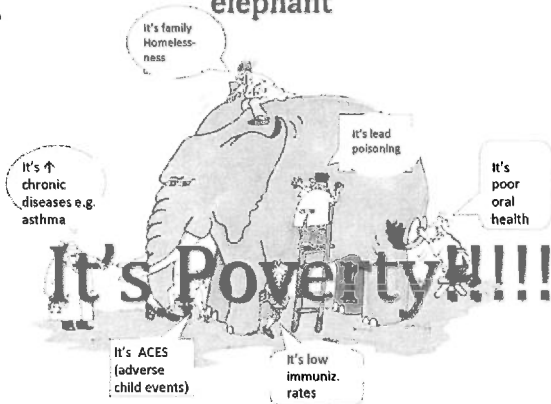
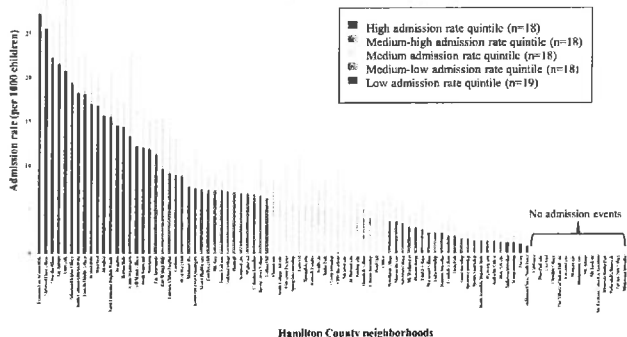


FIGURE 1. Percentage of children in food-insecure households, by poverty status, 2012. Source: Food and Nutrition Assistance Administration, USDA, Food and Nutrition Assistance Administration, Washington, DC, U.S. Government Printing Office, Table OCH-1.

HEALTH DISPARITIES IN ASTHMA: DIRECTLY RELATED TO POVERTY LEVELS AND ASSOCIATED NEIGHBORHOOD FACTORS (POLLUTION, BAD HOUSING, LACK OF PHARMACIES)

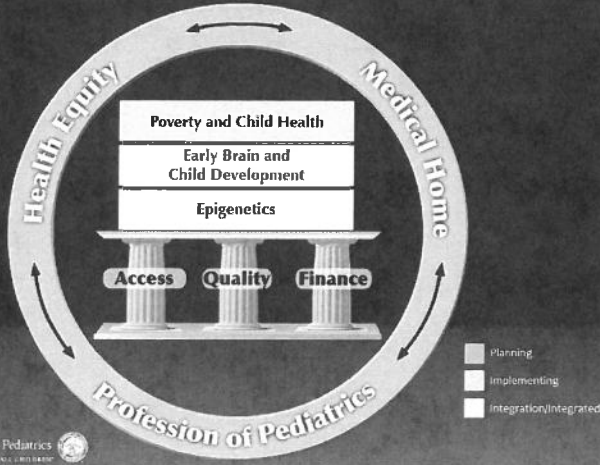


ECONOMIC CASE FOR ENDING CHILDHOOD POVERTY

- Reduces productivity and economic output by about **1.3% of GDP**
- Raises the costs of crime by **1.3% of GDP**
- Raises health expenditures and reduces the value of health by **1.2% of GDP**
- Total cost of childhood poverty is **3.8% of GDP** or **\$500 billion per year**
- Context: Estimated Federal Deficit 2015 is **2.6% of GDP**

Holzer HJ, Schanzenbach DW, Duncan GJ, Ludwig J. The Economic Costs of Poverty in the United States: Subsequent Effects of Children Growing Up Poor. 2007

AAP Agenda for Children 2015-2016
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**POVERTY AND CHILD HEALTH
LEADERSHIP WORKGROUP**

- | | |
|------------------------------|------------------------------------|
| Andrew Racine, MD, PhD, FAAP | Katie Plax, MD, FAAP |
| Carole Allen, MD, FAAP | Barbara Ricks, MD, FAAP |
| Steve Federico, MD, FAAP | Sarah Jane Schwarzenberg, MD, FAAP |
| Andrew Garner, MD, FAAP | Elizabeth Van Dyne, MD, FAAP |
| Benjamin Gitterman, MD, FAAP | Benard Dreyer, MD, FAAP |
| Renée Jenkins, MD, FAAP | |

PRIORITY AREAS OF POVERTY WORK

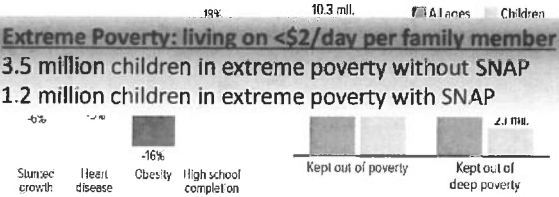
- Messaging and Communications
- Supporting Practices to Address Poverty
- Advocacy
- Community Partnership and Engagement

MESSAGING AND COMMUNICATIONS

- Key Messages
 - Poverty is Damaging to Children’s Health
 - Poverty Happens Everywhere
 - Fortunately, we have realistic solutions that we know will work
 - Federal policies work! Without them 1 in 3 children would be poor as opposed to 1 in 5
 - There are also important Federal and state programs that ameliorate the impact of poverty

Children With Access to SNAP Fare Better Years Later

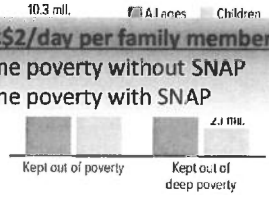
Percentage-point change in outcomes for adults who received SNAP as children, compared to adults who did not receive SNAP as children



CBPP: Chart Book: SNAP 2016

SNAP Kept Millions Out of Poverty and "Deep Poverty" in 2012

People kept above poverty line or half of poverty line in 2012



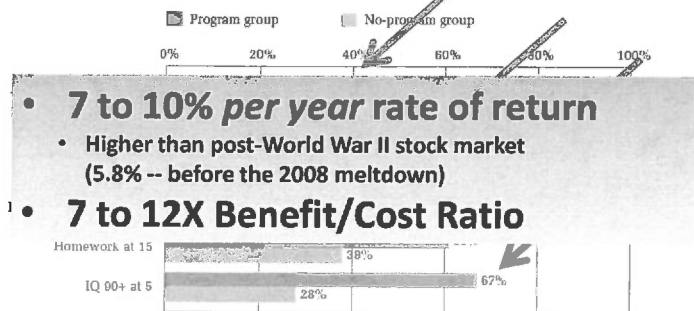
SUPPLEMENTAL POVERTY MEASURE: GOVERNMENT PROGRAMS WORK

Using these measures in 2013 reduced % at 100% FPL from 21% to 16.5%

- Major portion of effect due to:
 - EITC -6.4%
 - SNAP(food stamps) -2.9%
 - Housing Subsidy -1.4%
 - School Lunch -1.1%
 - WIC -0.4%
 - Energy Assistance -0.1%
 - TANF -0.5%
 - Work/Child Care Expenses +3.1%
 - Medical OOP Expenses +3.5%
 - Taxes and FICA +2.0%

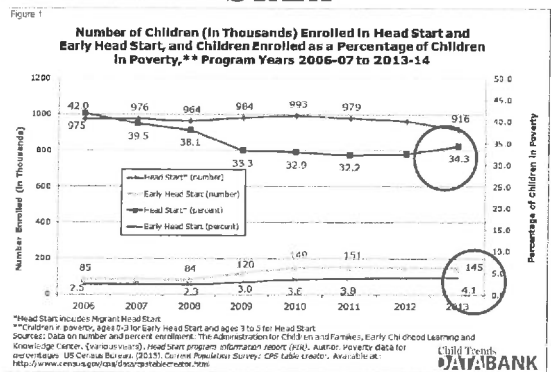
-13%
With Medicaid **(-1%)**
-14%

HIGH/SCOPE PERRY PRESCHOOL PROGRAM: MAJOR FINDINGS AT 40



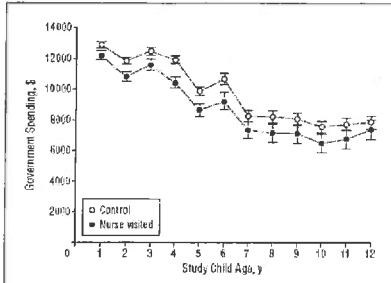
Heckman et al : Rate of return for High/Scope Perry Preschool Program. 2009

HEAD START AND EARLY HEAD START



*Head Start includes Migrant Head Start
**Children in poverty, ages 0-3 for Early Head Start and ages 3 to 5 for Head Start
Source: Data on number and percent enrolled: The Administration for Children and Families, Early Childhood Learning and Knowledge Center, (www.eclkc.gov); Head Start program information report (HSIR), Annual Poverty data for years 2006-2012: US Census Bureau, (2013). Current Population Survey: CPS Table creator. Available at: <http://www.census.gov/hhes/dec/poverty/tables/cps2013.html>

HOME VISITING: NURSE FAMILY PARTNERSHIP

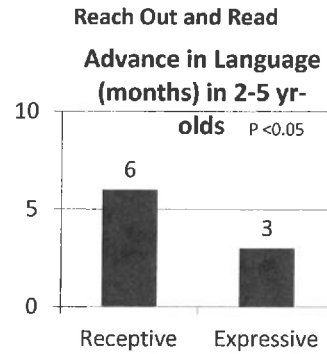


- Better language age 4
- Higher reading and math scores age 12
- \$5.70 saved for each dollar of

MIECHV reaches only 2.5% of poor children under 3 years: 75,000 of 3 million

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INTERVENTIONS IN PEDIATRIC PRIMARY CARE



ROR Reaches 4 million children per year:
 ¼ of all poor children!
 interactions, vocalizations

- Improved child cognitive, language, and social-emotional development
- Reduced delay, with 50% reduction in need for EI

Mendelsohn, Dreyer et al. *J Dev Behav Pediatr* 2005;26(1):34-41 and 2007;28(3): 206-212.
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TIME Pediatricians Should 'Screen' Kids for Poverty, Says Group



Policy Dose

The Child Poverty Prescription

Raising the minimum wage and investing in programs like WIC and SNAP can and will cure child poverty.



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The Washington Post

Doctors should screen for poverty during child-wellness visits, American Academy of Pediatrics recommends

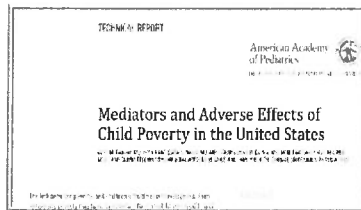
SUPPORTING PEDIATRICIANS TO ADDRESS POVERTY

- New AAP Report and Policy Statement
 - Mediators and Adverse Effects of Child Poverty in the United States
 - Child Poverty in the United States
- Screening and Referral Resources
- Advocacy Resources

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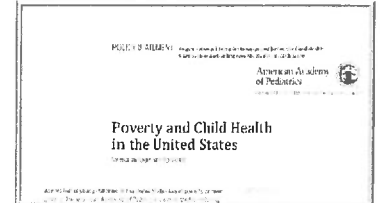
POVERTY TECHNICAL REPORT

Details impacts on child health and development
 Describes poverty demographics in the U.S.
 Addresses child poverty as a source of toxic stress



POVERTY POLICY STATEMENT

Recommendations for pediatricians to screen for basic needs and make referrals
 Recommends that pediatricians adopt integrated programs in medical home*
 Supports advocacy for anti-poverty programs, income supports, and tax credits



*Healthy Steps, ROR, VIP, Health Leads, MLP, Incredible Yrs, Triple P

RECOMMENDATIONS FOR PEDIATRICIANS

- Screen for risk factors within social determinants of health during patient visits
 - Questions about basic needs such as food, housing, heat, child care, making ends meet
 - Refer to community resources
 - We know SNAP, EITC, etc. improve child health and academic success
- Implement integrated medical home programs such as:
 - Reach Out and Read
 - Video Interaction Project
 - Healthy Steps
 - Incredible Years and Triple P (behavioral management)
- Collaborate with community organizations to help families address unmet needs and assist with stressors

PRACTICE RESOURCES

Suggests screening tools to identify basic needs
 Provides template for practices to identify community resources
 Recommends practice tips for implementation



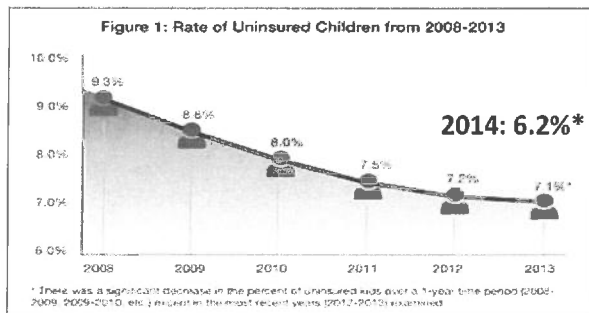
RECOMMENDATIONS FOR ADVOCACY

- Invest in young children
- Support/expand essential benefits programs
- Support/expand strategies that promote employment and increase parental income
- Improve communities: affordable housing
- Support integrated models in the medical home that promote parenting and school readiness
- Fully fund home visiting

FEDERAL ADVOCACY

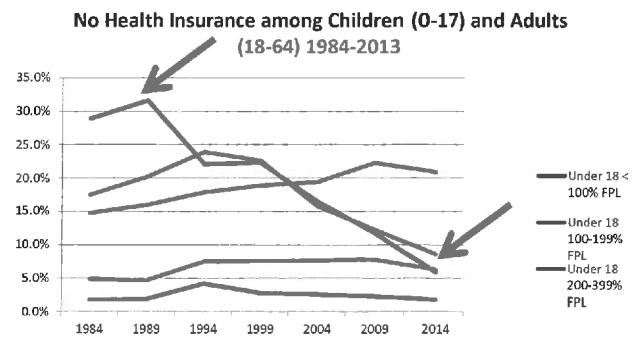
- **Successes in 2015**
 - CHIP funding through 2017
 - Expiring provisions of the EITC and CTC made permanent
 - Omnibus spending deal that increased austere budget caps
- **Successes 2016**
 - FDA (Federal Drug Administration) regulates e-cigarette products
 - Congress passes bill for safety-packaging for liquid nicotine
- **Opportunities and Challenges in 2016**
 - Federal Nutrition Programs including school meals, WIC, summer feeding, and SNAP
 - Appropriations: Funding for child care, head start and early head start, home visiting, TANF
 - Speaker Paul Ryan's Task Force on Poverty, Opportunity and Upward Mobility: Block grants (Medicaid and SNAP)

LOWEST RATE OF UNINSURED CHILDREN



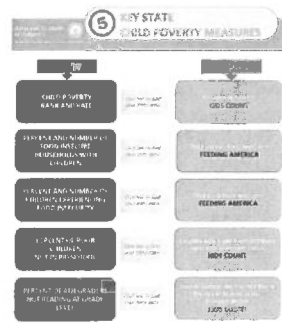
*2013-2014 percent of uninsured significantly decreased

AMAZING PROGRESS FOR POOR CHILDREN



STATE ADVOCACY RESOURCES

- Child Poverty Partners
- State Child Poverty Commissions
- Information on State Income Supports and Tax Credits, Paid Leave, Minimum Wage
- Anti-poverty Programs aap.org/poverty



Poverty and Child Health

- Assault Weapons Ban
- Bullying Prevention
- Child Health and State EPA Clean Power Plan Implementation
- Child Passenger Seat
- Childhood Immunizations
- Concussion Management: Return to Play
- Distracted Driving
- Electronic Cigarette Delivery Systems
- Essential Health Benefits
- Health Insurance Marketplaces
- Liquid Nicotine Poisoning
- Marijuana Legislation
- Medical Equipment
- Medical Payment Inquiries
- Medical Liability Reform
- Medical Marijuana
- Newborn Screening for Phenylketonuria

State Advocacy Resources

Poverty and Child Health is a priority on the AAP Agenda for Children 2015-2016. The AAP Division of State Government Affairs provides resources to support AAP chapters and members advocating on behalf of children and families living in poverty.

- 5 Key State Child Poverty Measures | State child poverty data
- 2016 State Actions | Minimum Wage
- 2016 State Actions | Paid Leave
- 2016 State Actions | State Child Care and Dependent Care Tax Credits
- 2016 State Actions | State Child Poverty Commissions, Councils and Task Forces
- 2016 State Actions | State Earned Income Tax Credits
- State Child Poverty Commissions, Councils, and Task Forces | A compilation of information about state-level commissions, councils, or task forces working to address poverty.
- Child Poverty: State Advocacy Partners | Partnerships, alliances, and coalitions working to address child poverty.
- Child Poverty: State Advocacy Infographic | An at-a-glance resource to help you convey key state advocacy data about child poverty.

\$15 MINIMUM WAGE PASSES IN NY AND CALIFORNIA

New York Budget Deal With Higher Minimum Wage Is Reached

By David S. Reardon, Staff Writer



California is first state to approve \$15 minimum wage



NY PASSES PAID FAMILY LEAVE

New York Just Created a Revolutionary New Family-Leave Policy



There are many reasons why a paid family leave policy is important. It helps to ensure that workers can take time off to care for their families without losing their jobs or income.

- 12 weeks of job-protected leave
- Can be used for maternity/paternity leave even for foster children; also sick children, sick family members
- 2/3 of wages up to 2/3 of statewide average wage
- 8 weeks start in 2018
- Fully phased in by 2021

COMMUNITY PARTNERSHIP AND ENGAGEMENT

- Working with other sectors and developing new partnerships
- Developing local collaboration models and tools
- Community?: local, county, city

PAID FAMILY LEAVE EFFORT ORGANIZED BY THE COMMUNITY SERVICES SOCIETY OF NY

Organizations:

American Academy of Pediatrics
The American Congress of Obstetricians and Gynecologists
1199 SEIU United Healthcare Workers East
Committee of Interns, New York, NY
Gay Men's Health Crisis
Maternal Infant Services Network, Newburgh, NY
Mid-Hudson Lactation Consortium
Mothers' Milk Bank Northeast
National Association of Social Workers, NYC Chapter

**It takes a village.
It's a Marathon, not a sprint**

NYS Breastfeeding Coalition
New York City Breastfeeding Leadership Council
Public Health Association of New York City
Raising Women's Voices



#FACEPoverty
521 people with over 2 million impressions
8/10 top tweeters were SOMSRFT
(May 6, 2016)

KNOW THE FACTS! ADDITIONAL RESOURCE

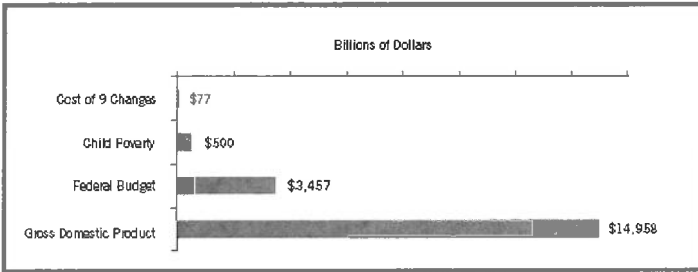


- Executive Summary
- 5 commentaries
- 18 articles
 - Child Poverty: An Attack on our Nation's Human Capital
 - Who is Poor: The Definition and Measurement of Poverty
 - International Child Poverty Levels and Interventions
 - Child Poverty Interventions in US



ENDING CHILD POVERTY NOW

WE CAN AFFORD THESE CHANGES



NAS STUDY FUNDED AT \$750,000

A Big Win for Children in the Omnibus: A National Academy of Sciences Study on Child Poverty

What we need: The child care spending and tax package passed by Congress includes several wins for children.

One particular change will be the inclusion of \$750,000 for a National Academy of Sciences study on child poverty, which is the largest investment in child poverty research in the history of the National Academy of Sciences (NAS). To provide an evidence-based report that analyzes the economic, social, health, and mental health of this problem, as well as recommendations to reduce the number of children living in poverty in the United States and its territories.

We are taking a child poverty study in the U.S. to a new level. More than 100 leading experts in child poverty research will be convened to provide an evidence-based report that analyzes the economic, social, health, and mental health of this problem, as well as recommendations to reduce the number of children living in poverty in the United States and its territories.

Poverty is a particularly serious problem for children, who suffer negative consequences for the rest of their lives. This study will help us understand the role of poverty in child health and well-being.



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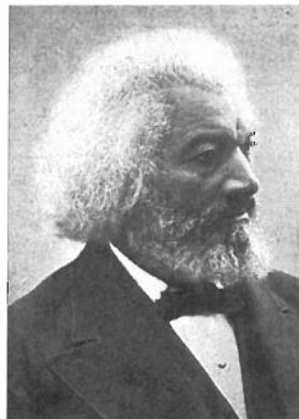
- How to Find Child Care for Your Child
- How to Find Child Care for Your Child
- How to Find Child Care for Your Child
- How to Find Child Care for Your Child
- How to Find Child Care for Your Child
- How to Find Child Care for Your Child

CHILDREN'S HEALTH

Affordable Care Act: Barack Obama
 Barbara Lee: Stop Child
 Poverty Reduction in Children
 Children's Health Insurance Program
 CHIP: Chuck Grassley: Denny Dierks

CHILD POVERTY REDUCTION ACT OF 2015

- Establishes in the ACF of DHHS the Federal Interagency Working Group on Reducing Child Poverty.
- The Working Group as its primary goal shall develop a national plan to reduce:
 - within 10 years the number of children living in poverty in the United States to half the number in 2013;
 - within the same 10 years the number of children living in extreme poverty in the United States to zero; and
 - within 20 years the number of children living in poverty, extreme or otherwise, in the United States to zero.



“It is easier to build strong children than to repair broken men.”

*Frederick Douglass
American Abolitionist
1818-1895*



THANK YOU!