



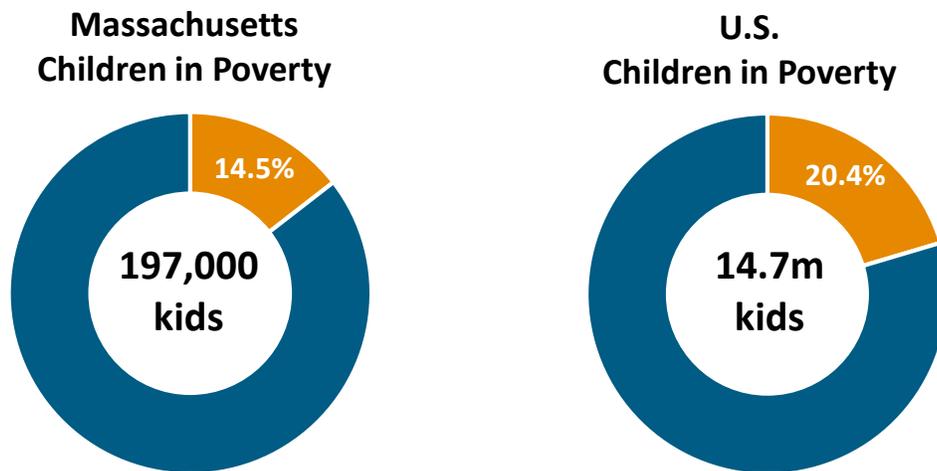
## One in Seven Massachusetts Children Still in Poverty; Almost All Have Health Insurance

By Nancy Wagman, Kids Count Director

Children in Massachusetts are better off as a whole than children nationally. And thanks to more than a decade’s worth of health reform in Massachusetts, children here are far more likely to have health insurance than children almost anywhere else in the U.S. Even so, close to one in seven children in Massachusetts lives in poverty, and is at risk for a wide variety of lifelong challenges.<sup>1</sup>

### The Troubling Persistence of Child Poverty

Although our state and national economies have gained ground since end of the most recent recession, many families and children have been left behind by the slow recovery. Close to one in seven children in Massachusetts still lives in households with very low incomes. Data released today by the U.S.



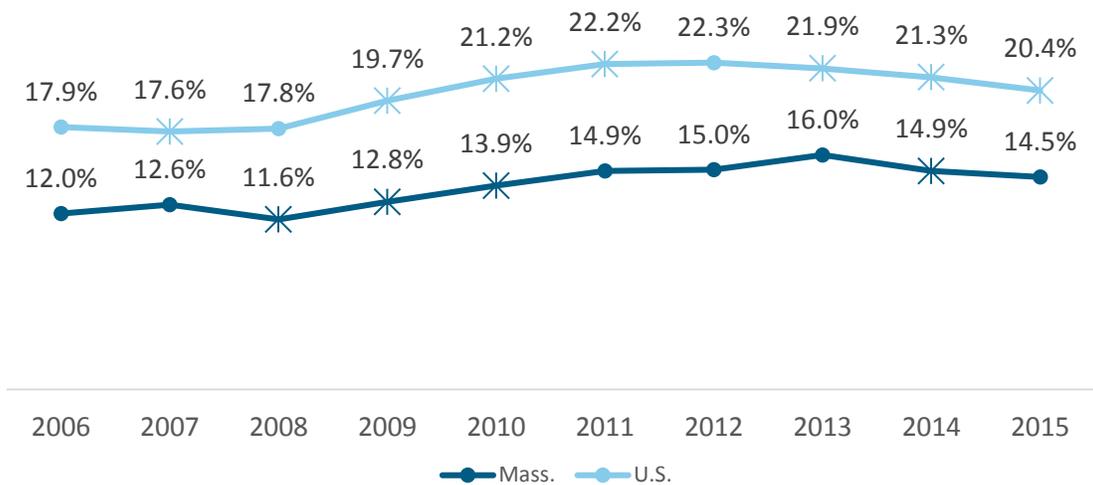
Related children under 18 in poverty.

Source: U.S. Census Bureau, 2015 American Community Survey, 1-Year Estimates

Census Bureau indicate that child poverty in Massachusetts remained essentially unchanged between 2014 and 2015, with slightly more than 197,000 children, or 14.5 percent, below the poverty line (incomes of approximately \$24,000 a year for a family of four.) Nationally, child poverty dropped from 21.3 percent to 20.4 percent. This was a statistically significant drop, but this still leaves close to 14.7 million children—close to one in five—below the poverty line across the country (see chart).

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### Child Poverty Has Been Persistent



Related children under 18 below 100% federal poverty level  
 \* Indicates change is statistically significant from prior year.  
 Source: U.S. Census Bureau, 2015 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, 4.8 million **more** children would have been below the poverty line nationwide in 2015. Without SNAP (food stamps), 2.0 million more children nationally would have been in poverty.<sup>2</sup>

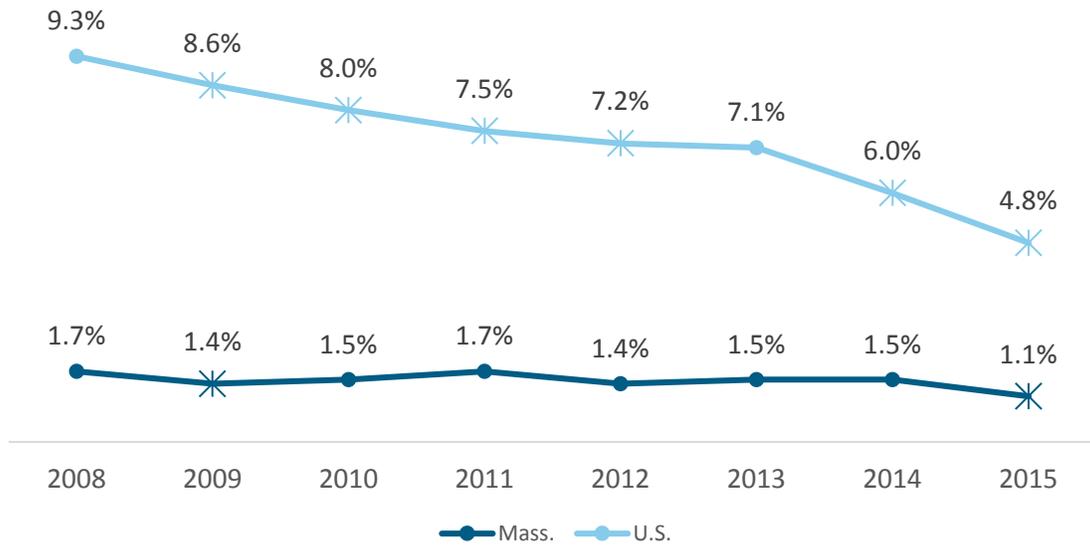
These public programs make a difference nationally in children’s well-being, and make a difference in Massachusetts as well. A recent [analysis](#) estimated that programs such as the tax credits, SNAP, Supplemental Security Income (SSI), federal rental assistance lifted approximately 200,000 children above the poverty line in Massachusetts.

### Massachusetts’ Leadership in Health Insurance Coverage

Although child poverty has been troubling and persistent, health insurance rates for children in Massachusetts have consistently demonstrated the effectiveness of Massachusetts’ health reform efforts. Close to 99 percent of children in Massachusetts now have health insurance—just shy of universal coverage, and a statistically significant 0.4 percentage point increase from 2014.

Nationally, health insurance rates for children continue to rise, from 94.0 percent in 2014 to 95.2 percent in 2015 (see chart). The success of the Massachusetts model led to national health reform efforts. And fortunately, thanks in large part to national health reform, other states are finally catching up to Massachusetts’ impressive health insurance rates for children.

### Few Children in Massachusetts Remain Uninsured



Uninsured children under 18

\* Indicates change is statistically significant from prior year.

Source: U.S. Census Bureau, 2015 American Community Survey, 1-Year Estimates

Nevertheless, health insurance alone does not guarantee access to health care. Health care that is truly accessible is affordable – and that’s part of what health insurance provides – and it is available when needed. Massachusetts has dramatically expanded access to health insurance, but other challenges remain. A recent [survey](#) conducted by the Mass. Center for Health Information and Analysis found that approximately one of every six children were 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. Access to behavioral health care, oral health care, and to certain specialized services is also not evenly distributed across the Commonwealth.<sup>3</sup>

<sup>1</sup> Child poverty is not evenly distributed across the Commonwealth. For a discussion of the varying impacts of poverty, please see [Race to Equity: The State of Black Massachusetts](#), and see regularly-updated data at the [Kids Count Data Center](#).

<sup>2</sup> 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 on this poverty measure of these programs. See also [U.S. & MA Households Make Meaningful Gains in 2015](#).

<sup>3</sup> See “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>.