What Canada Can Teach Us About Addressing Childhood Poverty

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In 2017, 18% of children in the United States were living below the federal poverty level. Studies have documented the myriad negative impacts poverty has on child outcomes, with many lasting into adulthood. Because of its impact on early brain development, poverty in early childhood is particularly toxic, leading to lack of school readiness, poor educational outcomes, poor health, and intergenerational poverty. A number of questions have been raised about these impacts. Is it income poverty itself or associated covariates, such as low parental education, poor prenatal care, and parental mental health and substance use, that cause these outcomes? How important is growing up in a poor neighborhood versus growing up in a poor family? How early and how long does the child have to experience poverty for the negative effects to be seen?

In this month's issue of Pediatrics, Roos et al from the University of Manitoba have taken advantage of the linkable de-identified data available in Canada to answer some of these important questions. This includes census data and individual-level information from the mother and child. In Canada, all 5-year-olds are tested for school readiness with the Early Development Instrument. The authors were able to link census tract and Early Development Instrument data with hospital discharge information (looking at birth outcomes and mothers' prenatal care), screens filled out in home visits after the children's birth, information on interactions with child protection and foster care, as well as receipt of welfare. As the authors point out, there may be differences between a population of Canadian families in Manitoba and urban and rural populations in the United States. Nevertheless, there are important lessons we can learn from this large population-based study of almost 50,000 children with longitudinal data from gestation until kindergarten entrance.

INCOME MATTERS

When looking at child outcomes, the authors were able to control for many important covariates in multiple logistic regression analyses. These covariates included maternal factors during pregnancy and after the birth of the child (eg, low education, single parenting, residential mobility, social isolation, drug and/or alcohol use, smoking, prenatal care, receipt of services from child and family services, and age). Although these covariates were strongly related to poverty and accounted for some of the relationship between poverty and child outcomes such as school readiness and placement in out-of-home care, strong relationships remained between poverty itself and negative child outcomes in adjusted analyses. Income poverty matters, and reducing income poverty may be important in improving child outcomes such as school readiness.

HOUSEHOLD POVERTY IS ASSOCIATED MOST STRONGLY WITH NEGATIVE CHILD OUTCOMES

This was a study of early childhood, so it certainly makes sense that household
poverty, which reflected parent resources and parent stress, was more important than neighborhood poverty. Interventions to support parenting, such as home visiting and programs in pediatric primary care, deserve increased attention from policy makers.

MOVING OUT OF POVERTY IN EARLY CHILDHOOD REDUCES HARM

The authors looked at trajectories of families moving into and out of poverty in early childhood. Those children whose families moved out of poverty, especially before the child was 2 years old, showed significantly lower levels of harmful outcomes. The converse was true for those children whose families moved into poverty. We need to act early in a child’s life if we are going to make a real difference.

INVESTMENT IN POPULATION-BASED LINKED DATA SHOULD BE A PRIORITY FOR THE UNITED STATES

The power of this Canadian study was the availability of linked data at the population level. These data are a critical component of our understanding of child poverty and of our ability to track changes as we intervene to reduce child poverty and ameliorate its impact on children. We need to invest in such linked data in the United States.

THE UNITED STATES NEEDS TO SPEND MORE ON CHILDREN TO REDUCE CHILD POVERTY AND SUPPORT CHILD DEVELOPMENT

Unless we change our policies, the share of the federal budget spent on children will fall from 9.4% (in 2017) to 6.9% in the next 10 years as more and more is spent on the elderly and interest on our national debt. By contrast, Canada has begun a monthly tax-free benefit for low-income families (the Canada Child Benefit) that gives families ~$6500 per year per child <6 years of age and ~$5500 for each child from 6 to 17 years of age. This benefit is universal, although it decreases as family income increases >$30 000. The Canada Child Benefit has led to reductions in child poverty rates in Canada since 2013. Children need to be a priority for our federal budget expenditures.

As a nation, and as a pediatric community, we do not lack ideas about how to reduce poverty and support families with children. Many interventions have been studied and been shown to be effective in improving child outcomes. The National Academies of Sciences, Engineering, and Medicine have been commissioned by the US Congress to come up with proposals to reduce child poverty by half in 10 years, a plan that was recently published. We can and we must do better!

REFERENCES

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