

Economic Security as a Foundation for Healthy Development

July 23rd, 2025

Infant-Toddler Court Program National Resource Center



Safe Babies
A Program of ZERO TO THREE





Safe Babies

A Program of ZERO TO THREE

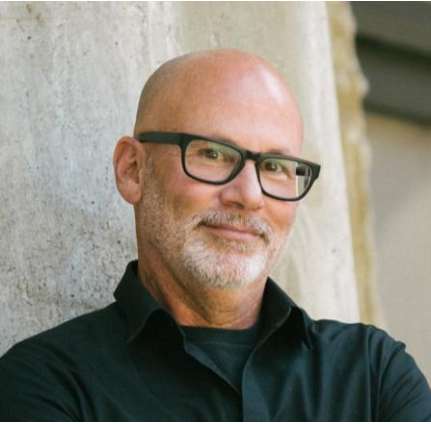
Infant-Toddler Court Program National Resource Center

The National Infant-Toddler Court Program was made possible through the support of the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,400,564 with 0 percent financed from non-governmental sources.

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Panel



Philip Fisher, PhD
Director, Stanford Center on
Early Childhood at Stanford
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M.Ed. ECE, Policy Fellow,
Chapin Hall



Jenny LaChance, MS,
Associate Director, Pediatric
Public Health Initiative and
Research Director, Rx Kids



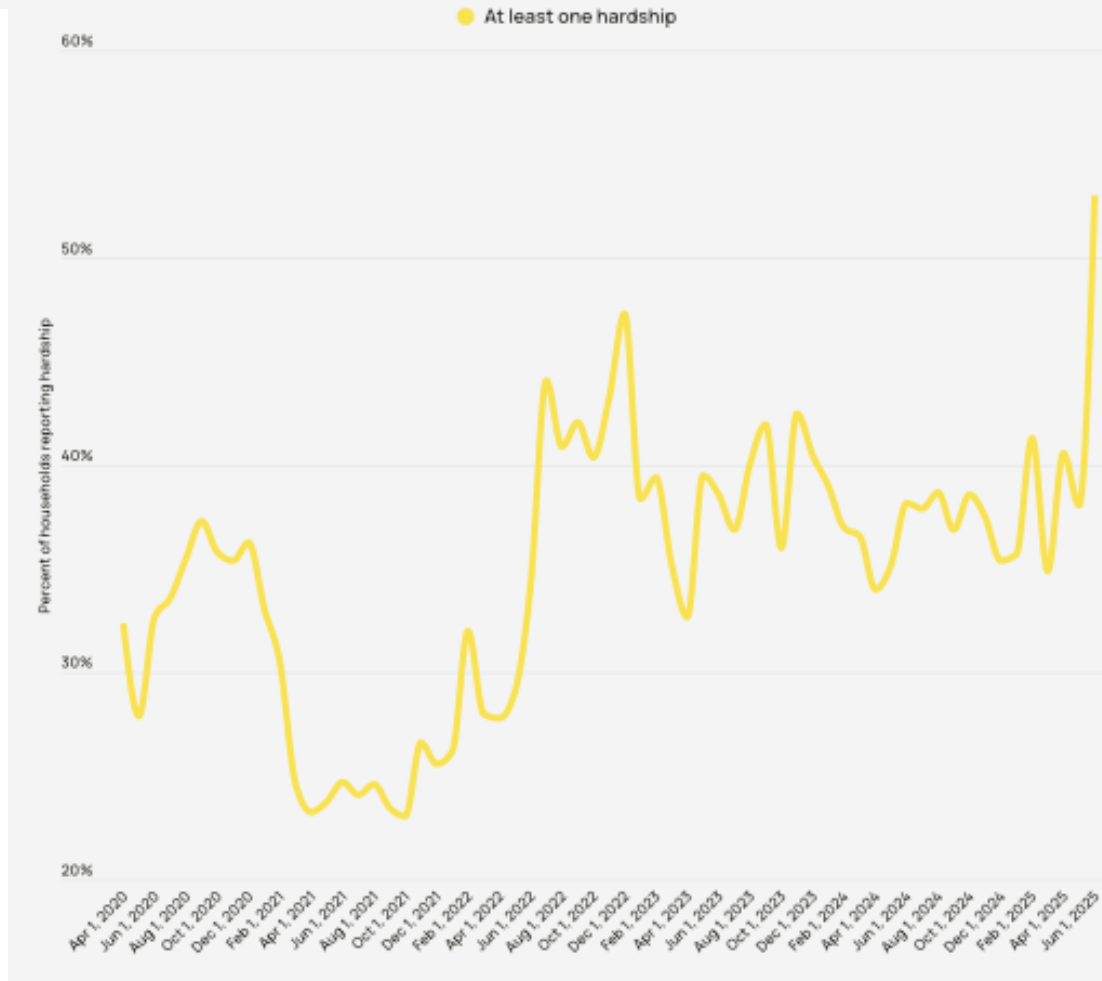
Lifting up parents' and providers' voices and experiences



The RAPID Survey Project, based in the Stanford Center on Early Childhood, has heard from more than 23,000 parents of young children and 15,000 child care providers across the country since launching in April 2020. RAPID seeks to understand and elevate the experiences and challenges facing families and to provide timely, actionable insights that inform policies and programs that help each and every child thrive from the start.



RAPID-EC Data



Material hardship over time

We measure material hardship by asking families to indicate whether they are having difficulty paying for basic needs in one or more of the following categories:

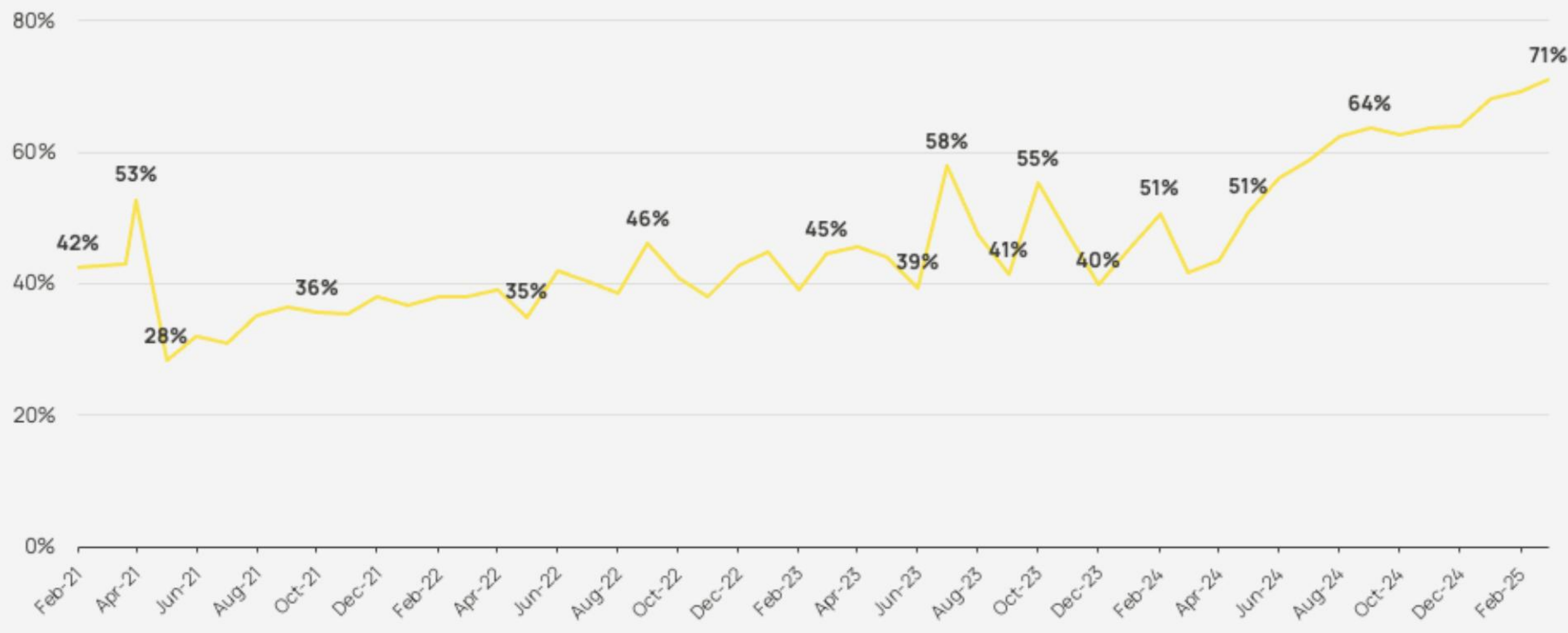
- Food
- Housing (mortgage or rent)
- Utilities
- Child care
- Healthcare
- Activities that support well-being (e.g. counseling)

DD2108-Material-Hardship

We present the percentage of participants who select one or more hardship.

Difficulty Paying for Basic Needs Continues to Grow Among Providers

Trend of Providers Experiencing Material Hardship



Young Children & Their Families

Economic & Concrete Supports: Relationship to Safety and Well-Being

Yasmin Grewal-Kök, JD, MEd ECE
Policy Fellow, Chapin Hall

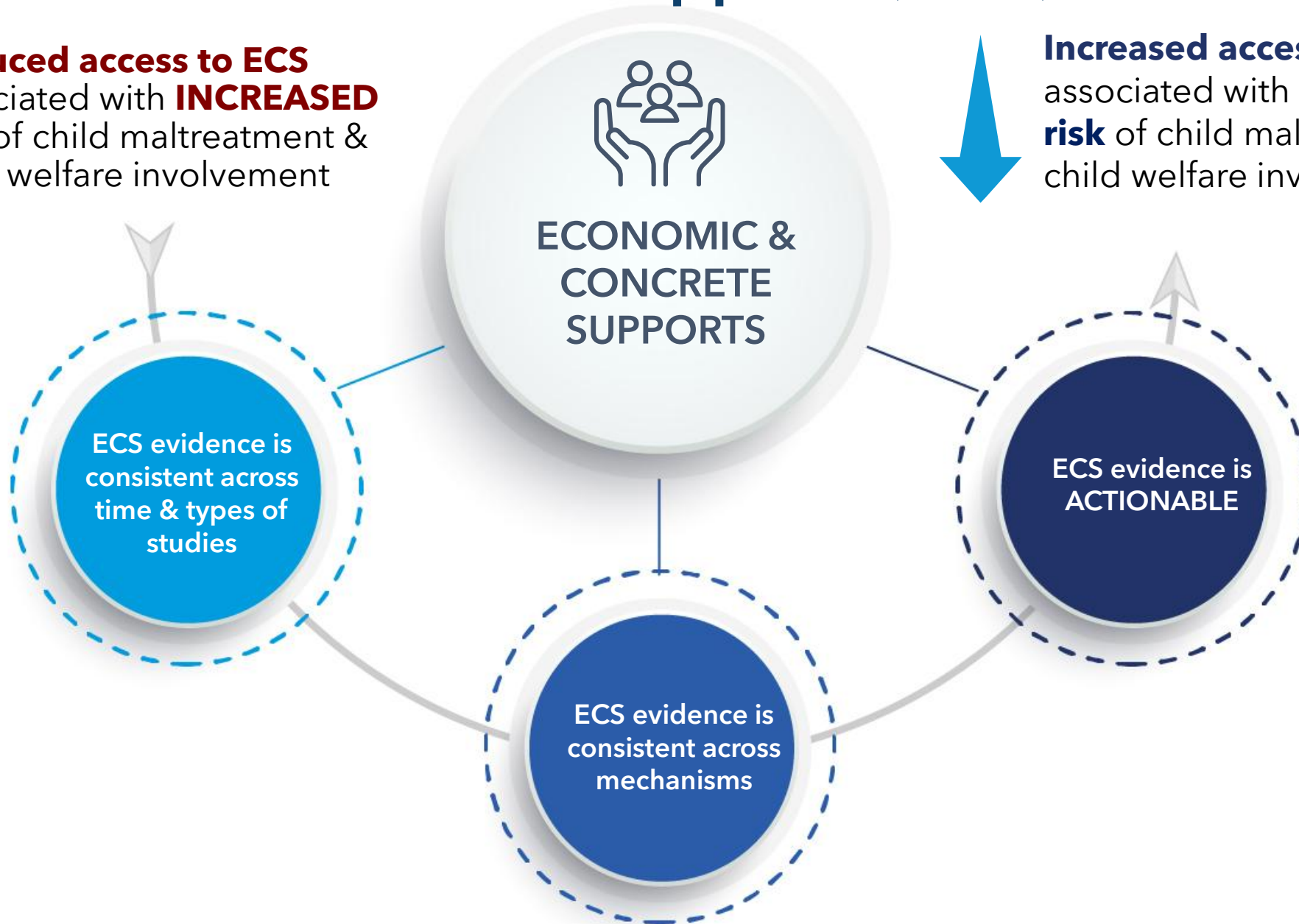
Economic and Concrete Supports (ECS): An Overview



Reduced access to ECS
associated with **INCREASED**
risk of child maltreatment &
child welfare involvement



Increased access to ECS
associated with **DECREASED**
risk of child maltreatment &
child welfare involvement




Chapin Hall Systematic Review: Economic & Concrete Support Has a Causal Effect on Preventing Child Maltreatment & Child Welfare Involvement



Systematic Review

A Systematic Review of Economic and Concrete Support to Prevent Child Maltreatment

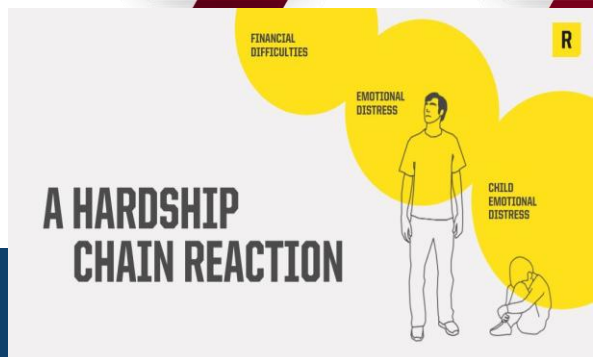
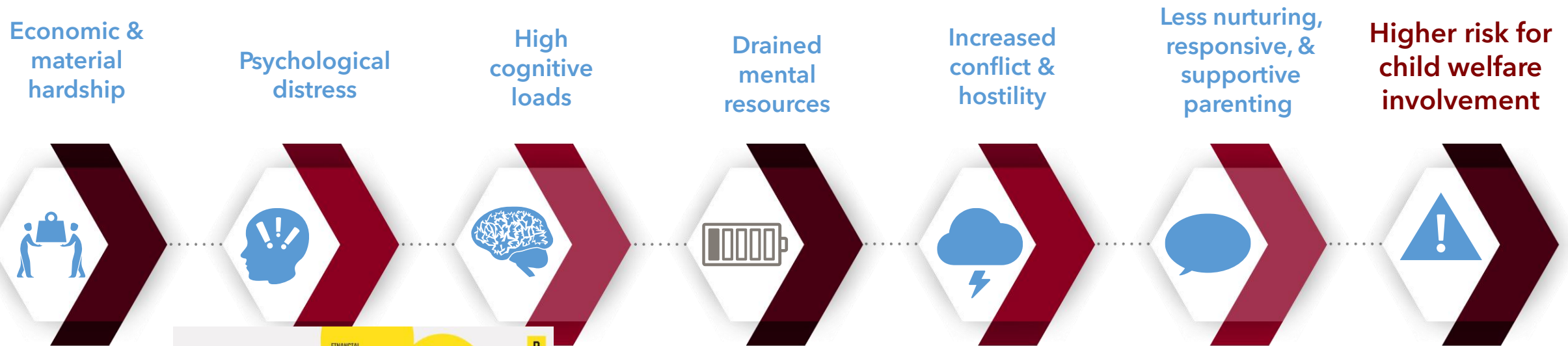
Gretchen Cusick *, Jennifer Gaul-Stout, Reiko Kakuyama-Villaber , Olivia Wilks, Yasmin Grewal-Kök
and Clare Anderson

"Regardless of delivery mechanism, we found consistent, favorable evidence of the impact of economic and concrete support as a prevention strategy to reduce child maltreatment & child welfare entry"

([Cusick et al., 2024](#))

How Might Economic & Material Hardship Impact Parenting and Child Well-Being?

Family Stress Model



Evidence of Effects Across Child Welfare Outcomes, Maltreatment Types & Well-being

Child Welfare Outcomes

- Referrals
- Investigations
- Substantiations
- Entry into foster care
- Likelihood of reunification
- Time to reunification

Maltreatment Types

- Neglect
- Physical abuse
- Abusive head trauma
- Fatalities

Well-Being

- Economic stability
- Parenting stress & capacity
- Mental health
- Substance use
- Cognitive development & behavior

Chapin Hall Tool: Economic and Concrete Supports to Prevent Child Fatalities & Abuse Head Trauma



Economic and Concrete Supports to Prevent Child Fatalities & Abusive Head Injuries

December 2024

This tool provides an overview of the research on the relationship between different types of economic and concrete supports (ECS) and reduced risk for child fatalities and abusive head injuries. It also documents potential economic burden of child fatalities and abusive head injuries and cost savings associated with prevention through provision of ECS to families.

ASSOCIATION OF ECONOMIC AND CONCRETE SUPPORTS & CHILD FATALITIES AND ABUSIVE HEAD INJURIES	
Decreased employment During the recession of 2007–2009, the rate of abusive head trauma (AHT) for children < 5 years old was considerably higher than during the period immediately before • AHT rate increased from 8.9 in 100,000 children before the recession to 14.7 in 100,000 children during the recession	Berger, R. P., Fromkin, J. B., Stutz, H., Makoroff, K., Scribano, P. V., Feldman, K., Tu, L. C., & Fabio, A. (2011). Abusive head trauma during a time of increased unemployment: A multicenter analysis. <i>Pediatrics</i> , 128(4), 637–643. https://doi.org/10.1542/peds.2010-2185
Decreased housing security Increases in mortgage delinquency & foreclosure rates are associated with increases in hospital admissions for traumatic brain injury for infants < 1 year old (<i>non-birth and non-motor vehicle crash related</i>)	Wood, J. N., Medina, S. P., Feudtner, C., Luan, X., Localio, R., Fieldston, E. S., & Rubin, D. M. (2012). Local macroeconomic trends and hospital admissions for child abuse, 2000–2009. <i>Pediatrics</i> , 130(2), e358–e364. https://doi.org/10.1542/peds.2011-3755
Increased tax credits Refundable state-level EITC (averaging \$400 per year) is associated with a 13% decrease in hospital admissions for AHT for children <2 years old (<i>even after controlling for poverty, race, education & unemployment</i>) [*this finding approaches statistical significance]	Klevens, J., Schmidt, B., Luo, F., Xu, L., Ports, K. A., & Lee, R. D. (2017). Effect of the Earned Income Tax credit on hospital admissions for pediatric abusive head trauma, 1995–2013. <i>Public Health Reports</i> , 132(4), 505–511. https://doi.org/10.1177%2F0033354917710905
Paid family leave Compared to states with no paid family leave (PFL) policy, the implementation of California’s 2004 PFL policy (up to 12 weeks of partially paid leave) was associated with a decrease in hospital admissions for AHT among children <1 year old and among children < 2 years old	Klevens, J., Luo, F., Xu, L., Peterson, C., & Latzman, N. E. (2016). Paid family leave’s effect on hospital admissions for pediatric abusive head trauma. <i>Injury Prevention</i> , 22(6), 442–445. https://doi.org/10.1136%2Finjuryprev-2015-041702
Increased child care Child care investments included in Build Back Better (proposed 2020–2021) would be associated with a: • 6.4% reduction in child protective services investigations • 6% reduction in substantiated child maltreatment • 3.1% reduction in foster care placements • 11.6% reduction in child fatalities due to maltreatment	Puls, H. T., Chung, P. J., & Anderson, C. (2022). Universal child care as a policy to prevent child maltreatment. <i>Pediatrics</i> , 150(2), e2022056660. https://doi.org/10.1542/peds.2022-056660

ECONOMIC BURDEN OR COST SAVINGS	
Annual costs of abusive head trauma from 2006–2011, nationally: <ul style="list-style-type: none">Annual average cost of ER visits and admissions = \$69.6 millionRange of annual costs across study period = \$58.9 million to \$98.5 million [authors note there is no nationwide data set that would allow examination of total attributable health care costs for a relatively rare condition like AHT]	Peterson, C., Xu, L., Florence, C., & Parks, S.E. (2015). Annual cost of U.S. hospital visits for pediatric abusive head trauma. <i>Child Maltreatment</i> , 20(3), 162–169. DOI: 10.1177/1077559515583549
Per-victim lifetime cost of child maltreatment from 2015 cohort, nationally: <ul style="list-style-type: none">Fatal child maltreatment per-victim cost = \$16.6 million	Peterson, C., Florence, C., & Klevens, J. (2018). The economic burden of child maltreatment in the United States, 2015. <i>Child Abuse & Neglect</i> , 86, 178–183. https://doi.org/https://doi.org/10.1016/j.chiabu.2018.09.018
Long-term cost savings due to reduced maltreatment-related costs from each additional \$1,000 spent on public benefit programs* per person living below federal poverty limit = \$153 billion <ul style="list-style-type: none">Each \$1,000 per person living below the federal poverty limit is associated with a 4.3% decline in child maltreatment reporting, 4% decline in substantiations, 2.1% decline in foster care placements, and 7.7% decline in child fatalitiesThis means that \$1,000 of additional spending for each person living in poverty might have resulted in 181,850 fewer child maltreatment reports, 28,575 fewer substantiations, 4,168 fewer foster care placements, and 130 fewer child fatalities due to maltreatment (in 2017), and each additional 13.3% that states invest annually in public benefit programs (which would total \$46.5 billion nationally) would save up to \$153 billion. <i>*Spending on public benefits programs include (1) cash, housing, and in-kind assistance; (2) low-income housing infrastructure development; (3) child care assistance; (4) refundable EITC; and (5) Medical Assistance Programs (MAPs), inclusive of Medicaid and Children’s Health Insurance Program</i>	Puls, H. T., Hall, M., Anderst, J. D., Gurley, T., Perrin, J., & Chung, P. J. (2021). State spending on public benefit programs and child maltreatment. <i>Pediatrics</i> , 148(5), e2021050685. https://doi.org/10.1542/peds.2021-050685
Lifetime costs savings due to reduced maltreatment-related costs from an additional \$1,000 unconditional cash payment to families in the early months of a child’s life = \$18.9 million <ul style="list-style-type: none">An additional \$1,000 unconditional cash payment to families in the early months of a child’s life is estimated to:<ul style="list-style-type: none">Reduce the likelihood of a CPS referral for neglect by 10% (<i>by age 3</i>)Reduce the likelihood of a CPS referral for physical abuse by 30% (<i>by age 3</i>)Reduce the likelihood of a substantiated CPS referral by 15% (<i>by age 3</i>)Reduce the likelihood of child mortality by 30% (3 fewer child deaths) (<i>by age 5</i>)	Bullinger, L. R., Packham, A., & Raissian, K. M. (2023). Effects of universal and unconditional cash transfers on child abuse and neglect . National Bureau of Economic Research.

Chapin Hall Policy Bulletins

Access to Healthcare, Food Assistance & Child Care to Promote Child Safety



Access to Medicaid & Healthcare to Promote Child Safety

This bulletin summarizes research findings about the link between Medicaid availability and substantiated child maltreatment. Studies show the connection between Medicaid expansion and reduced child neglect and abuse.



Child Safety and Access to Food Assistance Programs

This bulletin documents the role that food assistance programs play in safeguarding child well-being. Food assistance programs, such as SNAP and WIC, are associated with lower risk for child welfare system involvement.



Access to Child Care & Early Childhood Education to Promote Child Safety

This bulletin summarizes research that shows increased access to child care and early education programs is associated with higher earnings for parents and reduced risk for child welfare involvement.





Rx Kids is the first-ever, community-wide, cash prescription program for pregnant moms and babies.

*A program of Michigan State University Pediatric Public Health Initiative, in collaboration with
Poverty Solutions at the University of Michigan, and administered by GiveDirectly*



GiveDirectly



POVERTY SOLUTIONS
UNIVERSITY OF MICHIGAN

Rx Kids Program Design



Launched in Flint, MI, in 2024, the design is science based & parent and child partnered

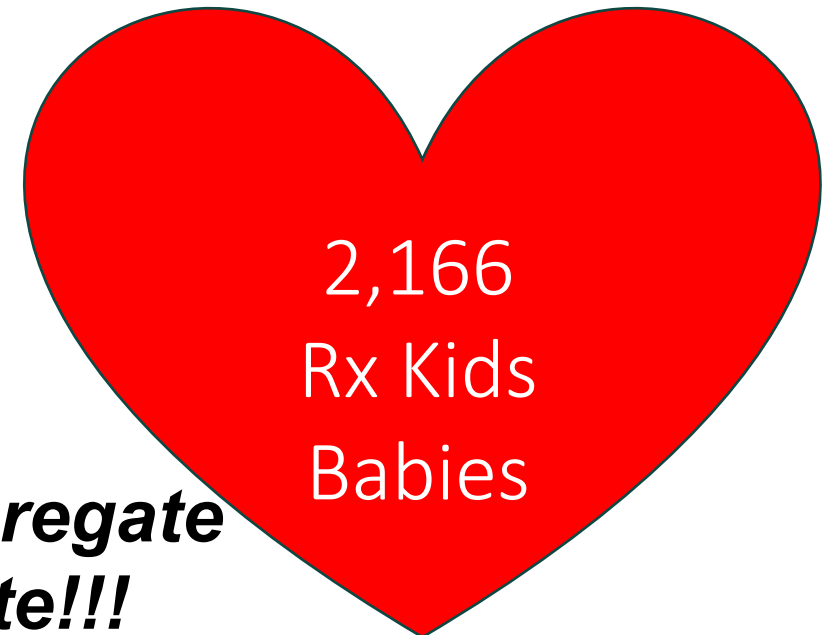
- Targeted universalism
 - Every pregnant person/newborn in a certain place
 - No income requirement
 - Efficient and inclusive with minimal administrative burden
- Unconditional - No strings-attached \$
 - \$1,500 lump sum during pregnancy >16 weeks
 - \$500 monthly for up to 12 months
- Now in 9 counties in Michigan and expanding



As of July 1, 2025 in all Rx Kids Communities



\$11,102,000
Cash prescribed!



***100% aggregate
uptake rate!!!***

Rx Kids Impact

Maternal Wellbeing Research Survey

Compared to controls, Rx Kids moms had **improved**:

- Housing stability
- Nutrition satisfaction
- Maternal mental health
 - Less PPD, less anxiety
- Maternal wellbeing
 - Feeling loved, hopeful, valued, and respected
- Agency in spending household cash
- Trust in healthcare and government

Rx Kids Impact

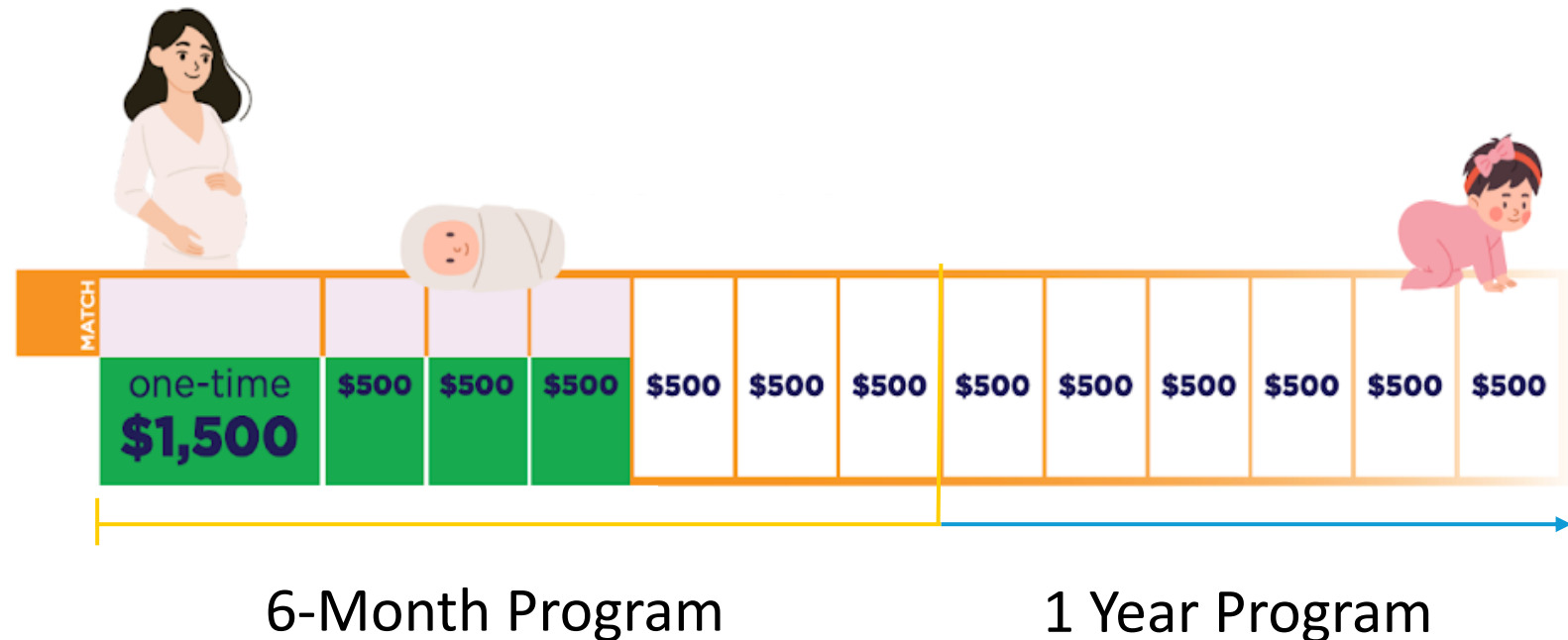
Preliminary admin data findings include:

- A major increase in prenatal care
- Decreased smoking in the third trimester of pregnancy
- Prevention of NICU admissions
- Improvements in birth weight and gestational age
- Decreased child welfare allegations

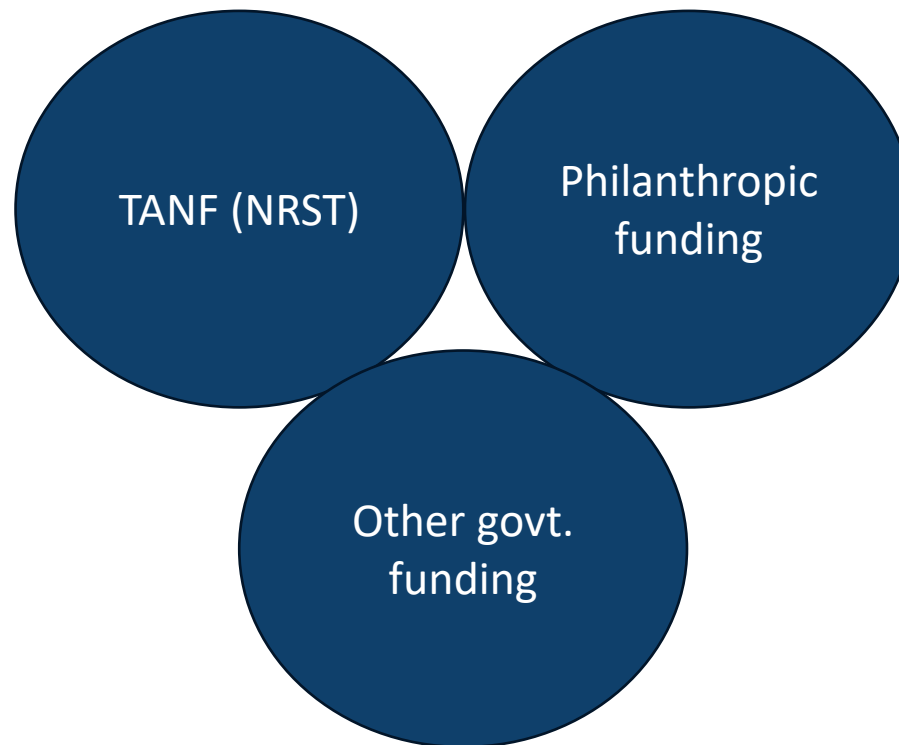
Rx Kids TANF Usage



- Non-recurring short term (NRST) provision covers 4 months: prenatal (\$1500) and \$500 for 3 months for all Medicaid births.
- NRST: acute episode of need, waives lifetime limits and work requirements



Rx Kids Funding



- *Addition of philanthropic dollars allows for protection of public benefits.*
- Cash prescriptions are considered a “gift”, not income.
- Rx Kids does not impact eligibility for SNAP, WIC, Medicaid, child care subsidy, housing, etc.
- Only benefit NOT protected is SSI.
- GiveDirectly provides benefits counseling.

Estimated cost savings



If what we see in Flint is replicated for all of Michigan

NICU Admissions: \$72 million in annual health care cost savings.

Preterm and low birthweight babies: \$225-412 million per year

Thank you!

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Safe Babies
A Program of ZERO TO THREE



ZERO TO THREE
Early connections last a lifetime