

Don't Turn Away, Ohio

It is uncomfortable to face up to, but in our efforts to turn around Ohio, we cannot continue to turn away from our communities' most severe problems and from the poorest of the poor among us. Families and individuals dealing with serious financial issues; problems caused by domestic violence; addiction or mental health problems are unfortunate realities that don't go away even if they are ignored. Our goal must be to help people through these situations. While challenging even in the best of times, recent failures by the state and federal governments have made accomplishing this goal significantly more difficult. The failure on the part of government to ensure that all families have sufficient income to meet their basic human needs of food, clothing, and shelter has caused holes in the financial safety net to steadily worsen over the years. Our government's failure to prioritize the needs of the poorest of the poor is causing increased hardships among those least suited to survive them.

Simultaneously, other challenges facing many of these same families are growing worse as a result of insufficient support for basic child welfare, mental health and substance abuse programs. These issues are bound together. It is virtually impossible to resolve many of the behavioral health issues families are facing when they must focus all of their energy on simply surviving. We must place a greater priority on financial resources for the poorest of the poor. We understand that, in these difficult economic times, many working poor families are struggling and need assistance. We certainly support all efforts to provide as much as we possibly can to aid these families. But we feel very strongly that support should not come at the expense of those who are still even poorer and have even fewer services available.

Therefore, we are calling on the Governor and the Ohio General Assembly to support the following:

- Public assistance benefits offered through the Ohio Works First program should be increased by \$100 per month as previously proposed by Representative Jimmy Stewart. Currently, the average family receives a combined income of cash and Food Stamps at roughly 50% of the poverty level.
- Health care services must be available to all adults who earn less than 100% of the federal poverty level. Individuals who are not eligible for Medicaid lack the capacity to provide themselves with essential health care and, as a result, cause serious problems that affect the rest of the family, including their children.
- Mental health and substance abuse services must be available to all adults and children below the poverty level. Families dealing with these issues often have their treatment jeopardized by a lack of basic human needs. Personal and financial recovery must proceed together.
- The disability determination process must be fixed. With two separate systems (Medicaid and Social Security) to navigate, disabled people waste many months or years trying to get the help they need. Meanwhile, they suffer without much needed health care and income.

The failure of Ohio to deal effectively with these issues has created serious and unnecessary hardships for poor families and individuals. We have created an overwhelming demand for emergency food and housing services which continues to grow. Untreated mental health and substance abuse problems decimate already poor families. The ability of these individuals to obtain or retain employment is greatly challenged by inadequate health and behavioral health services.

We call upon the President and Congress to address the federal issues related to this problem:

- Food Stamp benefits are too low. Food Stamp benefits must be increased to meet 100% of the nutritional needs of poor families and the minimum benefit level should increase from \$10 to \$100 a month. Currently, Food Stamps are intended to provide about 75% of a family's nutritional needs. The presumption is that people could make up the difference with their cash. With stagnant income levels for the poor and the increased cost of living, this is not possible. The end result overwhelms our food pantries and soup kitchens.
- Supplemental Security Income (SSI) benefits are too low and therefore need to be increased substantially. SSI payments for the elderly and disabled in Ohio average \$430 a month or about 55% of the federal poverty level. The maximum payment is \$637 per month or 75% of the federal poverty level. These people cannot work, yet we force them to live with the constant struggle to meet their basic needs.

We call upon our state and federal elected representatives to not turn away from these serious problems. We must take immediate action. This is already a crisis for the people affected by these issues.

\$100 a Month OWF Grant Increase

There are 125,000 children who depend on the Ohio Works First TANF-funded cash assistance program. These families are very poor. We spend a great deal of money, time and effort through our local County Department of Job and Family Services offices to prove that families receiving OWF assistance don't have other resources and comply with all program work requirements and time limits. After all this, we give them only about half of the money we know they need to live on. There is no doubt that this has caused many hardships for these children and their families.

We provide a typical OWF family with about \$320 a month in cash and \$280 in Food Stamps. This does not meet their basic needs. Ohio has developed the largest balance of unspent TANF funds in the nation because we are unwilling to provide a decent level of assistance for these kids.

The Governor's budget calls for a "cost of living adjustment" in January of 2009, at a cost of \$4.6 million. For a family of three, this equates to roughly a 3% increase, or about \$10 a month. These children will clearly be much worse off in a year than they are now. Although the Governor's budget does a lot to help children, it does not help our poorest children.

Health Care for All Adults below the Poverty Level

Much has been said during recent years about the state of health care and its availability. Some feel health care is a basic need and should be universally available regardless of socioeconomic status. Others disagree, calling such an approach "socialized medicine," thus politicizing the process and making the issue a heated debate. No matter which side of that ideological fence one chooses, it is undeniable that those with health insurance, and thus access to health care, live a different lifestyle than those without it. Many Americans are facing tough choices about whether to take medicine that enables them to live in better health or to feed their families. The basic medical procedures that many of us take for granted are being denied to people who do not have insurance, as health care facilities often will not even attend to an uninsured patient. Additionally, the poor cannot afford to practice preventive medicine. Medicaid and Medicare help children, the elderly and those who are disabled. The OWF program provides health care for some adults, but many poor parents and other adults are not eligible for Medicaid and can't afford health services.

Mental Health and Substance Abuse Services for All Poor Adults

We must increase access to mental health and substance abuse services for all adults who need services and live below the federal poverty level. With state funding cuts and the increased need to provide local funds for Medicaid match, services to non-Medicaid adults are extremely limited. Medicaid primarily serves elderly, disabled or child clients. Other poor adults are covered only in very limited circumstances. As a result, many are not eligible for Medicaid funded behavioral health services.

This creates a dual challenge to recovery and treatment. Much needed counseling or support services are limited or not available and the adult is left struggling with the day-to-day challenge of meeting their basic human needs.

The impact of untreated mental health or substance abuse issues goes far beyond the individual to affect the whole family and community in general. The state must fund adequate behavioral health services for everyone below the poverty level.

Social Security Disability and SSI Denials

We must reform the disability determination process. The majority of applicants for Social Security Disability or SSI are denied at the time of their initial application. Although 60% of all applicants who appeal an initially denied claim are eventually approved for disability benefits, the 1.5-2.5 year process can have devastating affects on them and their families. Not only are their financial futures in jeopardy, but so is there personal health. Despite their best efforts, they are unable to meet the basic needs of their families.

Waiting more than a year to receive benefits puts an additional strain on already hurting families. The number of backlogged cases is continuing to rise. Unless this issue is addressed, disabled workers who have paid into a system they *thought* they could depend on will continue to be let down, and the wait will only continue to grow.

Many people have lost their homes, and some their lives, while waiting to receive benefits. These people put their faith into a system that was supposed to help. The system has failed them and could fail thousands more if immediate, effective changes are not made. We must take adequate steps to reduce the number of initially denied applicants.

Overlooking the Basics

Policymakers have cited the importance of early childhood intervention in preparing children for a successful education. Numerous studies have documented the importance of providing children with a variety of education, childcare and parenting programs to help accomplish this goal. Unfortunately, the most important factor in promoting a child's readiness and success in school is often overlooked or ignored: a safe, stable and secure family.

Programs that address education and child care will not work for families or children who do not have their basic needs met first. Children who are facing continual chaotic or stressful lives due to extreme poverty in their families will not thrive no matter how much their school or daycare improves. By having policies that assure that hundreds of thousands of children will spend time in households that can't meet their basic needs, we are undermining the potential success of our early childhood intervention efforts.

Attached are comments from studies on child care, school readiness and brain development. They all emphasize the prime importance of a safe, secure, and stable family as a prerequisite for success. We must provide sufficient benefits through our safety net programs to meet all basic needs for these families.

“The major providers of early childhood experience are parents. Programs to support and *strengthen the family* will increase the likelihood of optimal childhood experiences.”

Child Trauma Academy. www.ChildTrauma.org. *How Experiences in Early Childhood Create a Healthy Society*.

“In marked contrast to the child-care effects just described, parenting quality significantly predicted all the developmental outcomes and much more strongly than did any of the child-care predictors.”

[Belsky, Jay](#); [Vandell, Deborah Lowe](#); [Burchinal, Margaret](#); [Clarke-Stewart, K. Alison](#); [McCartney, Kathleen](#); [Owen, Margaret Tresch](#). The NICHD Early Child Care Research Network (2007). *Are There Long-Term Effects of Early Child Care?* Child Development, March/April 2007, Volume 78, Number 2, pages 693.

“*The family plays the most important role in a young child’s life. Public policies should seek to support families in this role and to expand parents’ options for the care, health, and education of their children.*”

National Governors Association. Final Report of the NGA Task Force on School Readiness. *Building the Foundation for Bright Futures*, page 1. Found at: <http://www.nga.org/Files/pdf/0501TaskForceReadiness.pdf>, last accessed January 3, 2008.

“*Responsibility for school readiness lies not with children, but with the adults who care for them and the systems that support them. Public policies should seek to provide comprehensive information, resources, and support to all who are responsible for children’s development.*”

National Governors Association. Final Report of the NGA Task Force on School Readiness. *Building the Foundation for Bright Futures*, page 1. Found at: <http://www.nga.org/Files/pdf/0501TaskForceReadiness.pdf>, last accessed January 3, 2008.

“The NGA Task Force on School Readiness believes that the family plays the most important role in a young child’s life. Parents have the primary responsibility for nurturing, teaching, and providing for their children. It is the relationship between parent and child that is the most critical for the positive development of children. Children need supportive, nurturing environments. However, the new economy has brought changes in the workforce and in family life. These changes are causing financial, physical, and emotional stresses in families, particularly low-income families... Consequently, the role of parents and the condition of families should be central concerns for policymakers interested in promoting school readiness.”

National Governors Association. Final Report of the NGA Task Force on School Readiness. *Building the Foundation for Bright Futures*, page 7. Found at: <http://www.nga.org/Files/pdf/0501TaskForceReadiness.pdf>, last accessed January 3, 2008.

“Parents play a primary role in the development of their children. Children who experience sensitive, responsive care from a parent perform better academically and emotionally in the early elementary years. At the same time, not surprisingly, financial and emotional stresses negatively impact parents’ well-being and adversely affect their attentiveness and sensitivity to their children. For children who receive most of their care from a parent in the home, it seems clear that providing families with the resources, information, and tools they need is an appropriate approach for promoting school readiness.”

National Governors Association. Final Report of the NGA Task Force on School Readiness. *Building the Foundation for Bright Futures*, page 13. Found at: <http://www.nga.org/Files/pdf/0501TaskForceReadiness.pdf>, last accessed January 3, 2008.

Background

On average, about 26.7 million people living in 11.7 million households received food stamps in the United States each month in fiscal year 2006. Food stamp households are a diverse group. Because food stamp benefits are available to most low-income households with few resources, regardless of age, disability status, or family structure, recipients represent a broad cross-section of the Nation's poor. This report provides information about the demographic and economic circumstances of food stamp households in fiscal year 2006. The report draws on data for households participating in the Food Stamp Program under normal rules and thus does not include information about those who received disaster assistance after the Gulf Coast hurricanes in September and October 2005.

Findings: General Characteristics

Most food stamp recipients were children or elderly. Nearly half (49 percent) were children and another 9 percent were over age 60. Working-age women represented 28 percent of the caseload, while working-age men represented 14 percent.

Many food stamp recipients worked. Nearly 30 percent of food stamp households had earnings in 2006, and 41 percent of all food stamp participants lived in a household with earnings. For these households, earnings were the primary source of income.

The majority of food stamp households did not receive cash welfare benefits. Only 13 percent of all food stamp households received TANF benefits. Twenty-seven percent received Supplemental Security Income. Almost one quarter (24 percent) received Social Security benefits.

Food stamp households had little income. Less than 13 percent had incomes above the poverty

line, while 39 percent had incomes at, or below, half the poverty line. Fourteen percent had no cash income of any kind. The typical food stamp household had gross income of \$673 per month. Nearly one-fourth of monthly funds (cash income plus food stamps) available to a typical household came from food stamps.

The average food stamp household received a monthly benefit of \$208. Nearly one-third (32 percent) received the maximum benefit (\$506 for a family of four). Only 6 percent received the minimum benefit of \$10; most (87 percent) of these households contained elderly or disabled members.

Food stamp households possessed few resources. The average food stamp household possessed only about \$137 in countable resources (including the nonexcluded portion of vehicles and the entire value of checking and savings accounts and other savings). Over two-thirds (70 percent) had no countable resources.

Most food stamp households were small. The average food stamp household size was 2.3 persons, but varied considerably by household composition. Households with children were relatively large, averaging 3.3 members. Households with elderly were smaller, with an average of 1.3 members.

Findings: Changes Over Time

There have been several notable changes in the characteristics of food stamp households over the 16 years from 1990 to 2006. Some of the most striking changes are noted here.

The primary source of income among food stamp participants shifted from welfare to work. In 1990, 42 percent of all food stamp households received cash welfare benefits and only 19 percent had earnings. In 2006, only 13

percent received cash welfare, while 30 percent had earnings.

The percentage of households with no cash income of any kind doubled. In 1990, 7 percent of food stamp households had zero gross income. This increased to 14 percent in 2006. Similarly, the percentage of households with zero net income, who received the maximum benefit, rose from 19 percent in 1990 to 31 percent in 2006.

The average food stamp household's income remained close to 60 percent of poverty. Incomes rise slightly when participation levels decline and they fall when participation levels increase. However, the variation is small, ranging from 56 percent of poverty, when caseloads were rising rapidly in 1993, to 63 percent of poverty in 2000, when caseloads were low.

Households have gotten smaller. In 1990, the average food stamp household contained 2.6 persons. In 2006, the average had fallen to 2.3 persons. During this period, households with one person rose from 32 percent of all households to 44 percent.

The percentage of participants who are children remained fairly steady. The number of children, however, rose and fell in step with overall participation. In 1990, half of participants were under age 18, about the same percentage as in 2006. However, the share of households with children fell from 60 percent in 1990 to 52 percent in 2005. This is primarily due to an increase in single-person households.

Fluctuations in both the number and percentage of elderly participants have been modest. Factors that drove participation changes, such as the strength of the economy and welfare policies, typically did not affect the elderly as much.

For More Information

Wolkwitz, K. (2007). *Characteristics of Food Stamp Households: Fiscal Year 2006*. Prepared by Mathematica Policy Research, Inc., for the Food and Nutrition Service (available on-line at www.fns.usda.gov/oane).

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