

**TESTIMONY OF JORDANA FROST REGARDING S.B. 843 AN ACT CONCERNING REVENUE ITEMS TO
IMPLMENT THE GOVERNOR’S BUDGET**

**Finance, Revenue, and Bonding Committee
March 15, 2013**

Senator Fonfara, Representative Widlitz and esteemed members of the Finance Committee, my name is Jordana Frost. I am a Program Manager in the Maternal and Child Health Division of the Hartford Department of Health and Human Services, and a doctoral student at Boston University focusing on Maternal and Child Health from a leadership, systems change, and policy perspective. I thank you for the opportunity to testify in opposition to the proposed reduction in the Earned Income Tax Credit (EITC) contained in **SB 843, An Act Concerning Revenue Items to Implement the Governor’s Budget.**

The EITC can only be claimed by the working poor, and it is “structured to encourage people to work more hours”[1]. In 2010, more than 500,000 Connecticut residents lived in eligible households, including 215,000 children [1]. The EITC has been extensively studied and evaluated, and is touted as one of the most effective poverty reduction strategies currently being implemented in the US, in that it reduces poverty, encourages work, helps low income wage earners to meet basic needs, increases children’s achievement in school and likely increases their future earning potential [2,3].

Significant scientific research in past decades has shown that there is a strong correlation between income and health status, with individuals at lower ends of the socioeconomic ladder facing health inequities including, reduced life expectancy, greater risk of premature mortality, and increased risk of chronic disease and disability [4]. Health is affected by poverty even in the earliest stages of life, as national data suggest relationships between low socio-economic status of pregnant women and adverse birth outcomes for their children, such as preterm birth, low birth weight, and infant mortality [5]. A recent study analyzed the impact of state and federal EITC policies on infant health outcomes and found that increased EITC income reduces the incidence of low birth weight, while increasing overall mean birth weight, a standard indicator of infant health and an “effective predictor of adult health” [6].

The Connecticut EITC, currently set at 30% of federal returns, is a significant source of increased financial security for working families, who are working hard to break the cycle of poverty for themselves and their children [1]. As a program manager working with low-income mothers and children in the City of Hartford, I frequently see the impact of poverty on the families I serve, and even on some of my employees who are eligible for the state EITC. One of my employees, a hard-working, single mother of two and a survivor of homelessness, told me that she could use her EITC income in many ways to improve her families’ financial security: to pay off her debt, to fix a leak in her car so that she may have more reliable transportation to work, to purchase a few more professional outfits for her job, or to pay her rent in advance for the next few months.

This employee is currently employed as a home visitor, focused on providing health education and social support to low-income pregnant women and new mothers in Hartford. She understands firsthand how her clients’ basic needs, such as housing, food security, safety, budgeting, and poverty reduction need to

be addressed in order for them to benefit from the health education topics and curricula she works on with them on. She says: “These families are trying really hard to perform well in their jobs, make ends meet, keep up with their rent, and maintain their lights on: that is what they want to talk about and fix. Often times, these issues take precedence over discussing healthy lifestyles during pregnancy. The EITC helps them step out of poverty and focus on their overall wellbeing and stability, as well as that of their children. ”

Public health professionals and policy experts are increasingly calling for measures that go beyond traditional health care-related interventions, understanding that policy in other sectors can have much greater impact on improving health outcomes. In the public health field we say that ultimately, “all policy is health policy,” including policy aimed at increasing a population’s socio-economic status.

Please consider the broad based ramifications that this proposed reduction in the EITC has on the health and wellbeing of Connecticut’s current generation of hard working individuals, such as my employee and her clients, as well as on the younger generations that Connecticut working families are raising. I trust that you share my goal of working towards a healthier and more productive Connecticut and I urge you to protect the current EITC level by opposing the reduction proposal contained in **SB 843, An Act Concerning Revenue Items to Implement the Governor’s Budget**. Thank you for your consideration.

Respectfully submitted,

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References

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