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That Could Be Me: The new voices of poverty in Idaho

A white paper prepared for Boise State Radio

DECEMBER 2009



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INTRODUCTION

In fall of 2009, Boise State University Radio aired a series of stories highlighting the impacts of the changing economy on ordinary Idahoans. The stories were part of a larger project funded in part by the National Center for Media Engagement. The project culminated in a community roundtable held in September of 2009 at which advocates and policy makers discussed the stories, the larger context of poverty here in Idaho, and made policy recommendations. The Public Policy Center at Boise State University was contracted by Boise State Radio to prepare this short white paper. The paper is divided into three sections: a summary of the stories, second, a review of the recommendations that resulted from the roundtable and third, suggested policy choices for the state.



SUMMARY OF STORIES

Hungry for Help

The first episode, entitled HUNGRY FOR HELP (Produced by Don Wimberly and Samantha Wright), related the experience of Idaho families as they applied for and utilized food stamps. The changing economy has many Idahoans finding themselves in need of assistance to find food for the first time. In addition to food stamps, many are utilizing food banks and other charities such as the Salvation Army to make ends meet. The story describes the lengthy lines at the Health and Welfare offices, the streamlined benefit application process and the realities of shopping with the benefits card.

Discussion:

“They’re in need and they don’t know where to go.” — Roundtable participant

Like many states, Idaho has seen a rapid increase in the number of residents applying for food stamps. Idaho was one of 4 states to exceed a 30% increase in food stamp participants between February of 2008 and February of 2009.¹ (see Table One for a summary of Poverty Statistics) The 149,000 Idahoans on food stamps represent a 40% increase in recipients over 2008 numbers. Altogether, 9% of Idahoans are now on food stamps (July 2009 figures). The Idaho Food Stamp program provides cash assistance for food in the form of a card that recipients may use similar to a bank or credit card. Eligibility is based upon monthly gross income (130% of the poverty level) and the number of household members. Recipients must recertify their eligibility to receive food stamps every six months.

Oregon had 635,033 people participating in the food stamp program in September of 2009, a 31% increase over last year and an increase of nearly 74,000 participants from February of 2009.² Over 40% of Oregon food stamp participants are children under 18. Washington had over 733,920 food stamp program participants in February of 2009, a 24% increase over February of 2008. Nationally, the average increase in food stamp participation from February 2008–February 2009 was 17.40%.

TOO POOR TO BE SICK

The second episode entitled Too Poor to be Sick (produced by Elizabeth C. Duncan and Adam Cotterell) examines the experiences of Idahoans who have suffered financial setbacks as a result of the economy and have lost their health insurance. They find that they are “in the middle:” not poor enough to qualify for Medicaid, but not well off enough to afford to purchase health insurance. Many of these Idahoans seek health care at free or subsidized clinics such as Terry Reilly or Genesis Clinics. Physicians at these clinics relate that they are seeing more and more newly impoverished people and that they are struggling to handle the increased patients. Because of their decreased access and increased cost of health care, many patients delay or defer doctor visits. The story relates the health and mortality impacts of deferring preventative care, keeping up with medications and on-going dental care.

1 Christine Vestal, “Food stamp stimulus hits state economies,” Stateline.org <http://www.stateline.org/live/details/story?contentId=401013>

2 Michelle Cole, “Record number of Oregonians got food stamps in August.” The Oregonian, 9/11/09. Accessed online at: http://www.oregonlive.com/politics/index.ssf/2009/09/record_number_of_oregonians_go.html

Discussion

“People are living sicker and dying younger”—Interview participant

According to the Kaiser Family Foundation study of “State Health Facts,” 222,600 or 14.6% of all Idahoans are uninsured.³ In comparison, 16.6% of Oregon residents are uninsured and 12% of Washingtonians are uninsured.⁴ Nationally, the U.S. Census estimates 15.4% of Americans lack health insurance.⁵ These numbers do not reflect those who are “underinsured” or have only catastrophic health care coverage.

Dr. Epperly noted in the story that 60% of the increase in health problems are due to forgoing preventative care, for example, not taking prescriptions properly as when patients skip doses because they can’t afford the medication. It is likely that those without health insurance are indeed forgoing care due to the rapid increases in the cost of health care. According to the Kaiser Family Foundation, “total [U.S.] health care expenditures grew at an annual rate of 6.1 percent in 2007, a slower rate than recent years, yet still outpacing inflation and the growth in national income.”⁶

Health care coverage is available to those whose incomes and assets fall below 185% of the poverty level through the Idaho Medicaid program. Currently, 146,400 Idahoans between the ages of 0–64, or 11.2% of the population, receive Medicaid benefits. This is slightly lower than the Oregon percentage of Medicaid recipients (12.3%), Washington Medicaid recipients (13.7%) and overall U.S. percentage of 14.9% of the population 0–64 years old that receives Medicaid benefits.⁷

IDAHO’S LOST GENERATION

The final story in the series, Idaho’s Lost Generation (produced by George Prentice and Krisi Packer) examined the impact of the recession and financial hardship on children. Several families were profiled as they tried to get school supplies, apply for benefits or find housing in a shelter, all while their kids waited and applied with them. Parents interviewed in the story related that it was ‘humiliating’ and ‘demoralizing’ to know that they couldn’t provide for their children in the way that they want to do so. The story also reviewed some of the prospective long-term impacts on children whose family’s financial situation changes dramatically for the worse, including behavioral problems, confusion, self-esteem problems from not getting new clothes or things and impacts on learning from changing schools.

Discussion

“Kids only have one chance to grow up.”—Roundtable participant

Children are often disproportionately impacted by poverty. For example, while 14% of Idahoans live in poverty (below the federal poverty line), 16% of Idaho’s children do.⁸ Eighteen percent of children in Oregon live in poverty, while 14% of children in Washington live in poverty. These compare to the national rate of 18%. According to the Idaho Hunger Atlas, “while Idaho has improved its national hunger ranking to 24th, we still rank as the 6th worst in the nation for child food insecurity—21% of all children in Idaho live in food-insecure households.”⁹

3 Kaiser Family Foundation, State Health Facts: <http://www.statehealthfacts.org/profileind.jsp?ind=125&cat=3&rgn=14>

4 Kaiser Family Foundation, State Health Facts: <http://www.statehealthfacts.org/profileind.jsp?ind=125&cat=3&rgn=14>

5 <http://www.census.gov/hhes/www/hlthins/lowinckid.html>

6 Kaiser Family Foundation, U.S. health Care Costs Background Brief, http://www.kaiseredu.org/topics_fm.asp?imID=1&parentID=61&id=358

7 Kaiser Family Foundation, State Health Facts: <http://www.statehealthfacts.org/profileind.jsp?cat=3&sub=42&rgn=14>

8 Kidscount <http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?ind=43>

Idaho infant mortality rates are higher than our neighboring states at 6.8 per 1,000 live births (2006 data) versus Oregon at 5.5, at WA 4.7.¹⁰ Idaho’s infant mortality rates are also slightly higher than the national rate of 6.7 per 1000 live births. The Annie E. Casey Foundation- funded Kidscount project ranks Idaho 26th among the 50 states in overall childhood health and wellbeing based upon an index of 10 indicators. In comparison, Oregon was ranked 19th and Washington was ranked 14th.¹¹

TABLE ONE: SUMMARY OF POVERTY STATISTICS FOR IDAHO WASHINGTON AND U.S.

	Idaho (% of population)	Oregon (% of population)	Washington (% of population)	United States (% of Total Population)
Food Stamp Recipients: July 2008	6.9%	12.8%	8.9%	9.6%
Food Stamp Recipients: July 2009	9.8%	16.7%	12.8%	11.8%
Number of Uninsured Citizens	14.6%	16.6%	12%	15.4%
Medicaid Recipients	11.2%	12.3%	13.7%	14.9%
Number of Children Below Poverty Line	16%	18%	14%	18%
Infant Mortality Rate	6.8 per 1,000 live births	5.5 per 1,000 live births	4.7 per 1,000 live births	6.7 per 1,000 live births

RECOMMENDATIONS FROM THE ROUNDTABLE

The roundtable was held on 9/14/09 and was facilitated by Marc Johnson of Gallatin Public Affairs. Participants included: Rosie Andueza (Program Manager, Food Stamp Program), Russ Baron (Administrator, Welfare Division), Alberto Gonzalez (Supervisor, Idaho’s 2-1-1 CareLine), Sen. Kate Kelly (Representing Idaho’s 18th district), Dr. Eric Maier (President, Idaho Academy of Family Physicians), Greg Morris (Program Manager, CATCH), Dr. Julie Robinson (Director of Community Affairs, Family Medicine Residency of Idaho), Hillary Roethlisberger (Director of Local Operations, Genesis World Missions), Neva Santos (Executive Director, Idaho Academy of Family Physicians), Roger Sherman (Executive Director, Idaho Children’s Trust Fund), and Amber Young (Treasure Valley Social Services Coordinator, Salvation Army).

Over the course of the Roundtable, participants related their experiences with meeting increased need and numbers of clients and made policy recommendations. The following is a summary of their recommendations:

- » Educate policy makers and decision makers such as elected and appointed officials about the nature and magnitude of the struggles faced by Idaho families struggling with food, shelter and medical coverage.
- » Cooperate across agencies and sectors so that government, business and non-profit entities can build effective coalitions to fight poverty and its impacts.
- » Fund the state and local agencies that provide help to those in need.
- » Increase the number of primary care physicians in Idaho.
- » Increase awareness of the public about poverty in Idaho.

9 Idaho Hunger Atlas, p. 2. The USDA defines food insecurity without hunger as reduced quality, variety, or desirability of diet with little or no indication of reduced food intake. Food insecurity with hunger is defined as multiple indications of disrupted eating patterns and reduced food intake.

10 Kidscount <http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?ind=20>

11 Kidscount <http://datacenter.kidscount.org/data/acrossstates/Default.aspx> The indicators are: Low-birth weight babies; Infant mortality; Child deaths; Teen deaths from all causes; Teen births by age group; Teens who are high school dropouts; Teens not attending school and not working; Children living in families where no parent has full-time, year-round employment; Children in poverty; Children in single-parent families

POLICY CHOICES FOR IDAHO

Several policy alternatives/action suggestions are related to achieving the recommendations around increasing education and awareness about poverty:

- » Convene a Poverty Summit for legislators, key agency personnel and community advocates to increase awareness and address issues related to Idahoans in poverty. As the Idaho Hunger Atlas noted, there is no overarching state policy on hunger.¹² There is also no overarching state policy on poverty. Other similar suggestions include the possibilities of a Governor's Task Force on Poverty or an interim committee of the Legislature to further study the issue and raise awareness.
- » Increase the profile and awareness of the 211 Care Line statewide.
- » Create a State "Poverty Atlas" that would track poverty indicators by County (similar to the "County Profiles" document that used to be maintained by the Dept. of Commerce).
- » Ensure that the legislators have access to all the existing data sources that could guide them in understanding the magnitude of the issues related to poverty and suggest ways to target public policy and spending choices. Examples include the Idaho Kidscount publications, the Idaho Hunger Atlas, and the Kaiser Foundation Statehealth facts data that inform this document.

Other policy alternatives/action suggestions relate to the need for continued and further collaboration across the governmental, non-profit and corporate sectors:

- » Governmental partners in collaborative partnerships should ensure that they have the technical assistance help in place to assist non-profit partners in adequately responding to federal and grant-driven reporting and staffing requirements. Developing and sharing this expertise will better allow smaller non-profits and especially faith-based organizations to be effective partners in meeting the needs of Idahoans in regard to homelessness and food insecurity.
- » Continue the collaborations and cooperative efforts already in progress and seek economies of scale wherever possible. As the Idaho Hunger Atlas noted in regard to hunger relief programs: "Agencies and organizations providing the program services or front-line feeding have had no mechanism to share data or collaborate to ensure effective and efficient use of scarce resources. The Idaho Hunger Atlas is a beginning."¹³
- » Regular meetings of those working on a common problem can identify those issues where one agency's practices impact another. For example, wonderful streamlining of online application processes is in place through Idaho's Department of Health and Welfare. Access to a computer, however, can be problematic, and especially if one is homeless. There are computer terminals in the library, but the Boise Public Library requires a library card to use the public terminals, a library card requires an address, the homeless don't have an address, and so it goes. While in person, paper applications are available to the homeless they may be cut off from the innovation in online access.

¹² Idaho Hunger Atlas, p. 7.

¹³ Idaho Hunger Atlas, p. 7.

Other policy choices and action suggestions relate to state funding:

- » Funding Medicaid and expanding health care coverage, especially for Idaho's children. This is a daunting task given the budget constraints under which Idaho's state government is operating. Medicaid is one of the fastest growing areas of expenditure for the state of Idaho. Medicaid expenditures have grown by 469% since 1993.¹⁴ While Idaho uses an eligibility level of 185% of the federal poverty line, Washington State uses 200% of federal poverty for Medicaid eligibility. One option that could increase health care coverage for more Idahoans without insurance would be to raise the Idaho eligibility to 200% of the federal poverty line. Given the alarming rate of cost increase and state revenue decrease, however, holding steady may be a more realistic goal. According to statehealthfacts.org, Washington and Oregon's enrollment for Medicaid are closed. Keeping continued enrollment open to needy Idahoans might be that realistic goal.
- » The Roundtable participants recommended increasing the number of primary care physicians in Idaho. State support or subsidies for rural communities unable to attract primary care physicians may help bridge this need. Another approach is to increase the Idaho share of seats in the WAMI program and pay for more residency slots. There is some evidence to suggest that doing medical rotations in rural areas increases physician retention in rural medicine later. "Residency rotations in rural areas are the best educational experiences both to prepare physicians for rural practice and to lengthen the time they stay there."¹⁵ Another, although costly alternative is to consider creating Idaho's own medical school. A more cost-effective solution may be to increase the number of mid-level providers such as NP's and PA's to provide coverage to rural communities. Hospital-based programs to support rural providers through technology are another promising approach to extending access to primary care providers throughout Idaho.
- » Stabilizing and increasing funding for H&W's non-Medicaid operations (e.g. food stamps) will help continue needed programs for Idaho's hungry families. Cuts to this vital program or the staff who implement it will make meeting the increasing caseloads very difficult. While all state agencies will experience cuts and reductions during this budget crisis, recognizing and protecting the agency's ability to provide critical services is vital.
- » Identify and consider loosening restrictions on eligibility and duration of benefits to accommodate the duration and severity of the recession. An excellent example is the "asset waiver" currently in place for Idaho food stamps. It recognizes that liquidation of assets at meaningful levels is unlikely in this economic situation and allows people in need to access benefits.

¹⁴ Fiscal Facts 2008. Idaho Legislative Budget Office.

¹⁵ Pathman, D E; Steiner, B D; Jones, B D; Konrad, T R, "Preparing and retaining rural physicians through medical education." *Academic Medicine*, (Vol. 74, No. 7, July 1999)

APPENDIX

FOOD STAMP RECIPIENTS BY STATE¹⁶

The recession added 4.8 million people to Food Stamp program rolls in the 12 months ending February 2009. The increase exceeded 30 percent in Florida, Idaho, Nevada and Utah.

STATE	FEB. 2008	FEB. 2009	CHANGE
Idaho	98,613	132,777	34.60%
Utah	130,942	173,916	32.80%
Nevada	139,266	182,949	31.40%
Florida	1,407,409	1,842,181	30.90%
Arizona	606,563	772,534	27.40%
Washington	576,136	733,920	27.40%
Wisconsin	410,210	521,390	27.10%
Vermont	55,247	69,029	24.90%
Georgia	986,643	1,230,960	24.80%
Maryland	350,997	434,339	23.70%
Oregon	454,752	561,331	23.40%
Massachusetts	493,498	607,512	23.10%
Colorado	248,662	304,682	22.50%
Texas	2,431,025	2,932,224	20.60%
California	2,176,434	2,588,728	18.90%
North Carolina	927,714	1,102,385	18.80%
Delaware	72,908	86,502	18.60%
New Hampshire	63,255	74,757	18.20%
New Mexico	234,765	277,045	18.00%
Hawaii	94,775	110,915	17.00%
New York	1,927,903	2,246,664	16.50%
Tennessee	890,020	1,035,894	16.40%
Virginia	539,392	628,039	16.40%
Alabama	563,674	654,335	16.10%
Ohio	1,126,397	1,307,285	16.10%
South Carolina	577,145	667,944	15.70%
Iowa	250,999	289,286	15.30%
Rhode Island	84,339	97,207	15.30%
Missouri	876,031	1,009,334	15.20%
District of Columbia	88,203	101,494	15.10%
Kansas	183,902	210,524	14.50%

¹⁶ Christine Vestal, "Food stamp stimulus hits state economies," Stateline.org <http://www.stateline.org/live/details/story?contentId=401013>

STATE	FEB. 2008	FEB. 2009	CHANGE
Virgin Islands	13,570	15,406	13.50%
Maine	173,932	196,006	12.70%
New Jersey	429,344	483,832	12.70%
Minnesota	291,663	327,357	12.20%
Indiana	608,404	679,420	11.70%
Pennsylvania	1,176,463	1,312,566	11.60%
Michigan	1,251,724	1,395,668	11.50%
Illinois	1,286,507	1,433,163	11.40%
South Dakota	63,335	70,569	11.40%
Wyoming	22,695	25,253	11.30%
Mississippi	439,373	488,264	11.10%
Connecticut	222,730	247,159	11.00%
Kentucky	624,424	689,088	10.40%
Montana	80,525	88,548	10.00%
Guam	27,486	30,105	9.50%
Alaska	58,153	63,592	9.40%
West Virginia	274,487	299,604	9.20%
Nebraska	121,167	129,740	7.10%
Arkansas	373,333	399,347	7.00%
Oklahoma	419,260	446,571	6.50%
North Dakota	48,481	51,501	6.20%
Louisiana	655,828	693,954	5.80%
TOTAL	27,730,703		17.40%
Source: The U.S. Department of Agriculture's Food and Nutrition Service			

FEDERAL POVERTY LEVEL¹⁷

FAMILY SIZE	100% FPG	133% FPG	150% FPG	185% FPG
	MONTHLY INCOME	MONTHLY INCOME	MONTHLY INCOME	MONTHLY INCOME
1	\$903	\$1,201	\$1,354	\$1,670
2	\$1,215	\$1,615	\$1,822	\$2,247
3	\$1,526	\$2,030	\$2,289	\$2,823
4	\$1,838	\$2,444	\$2,757	\$3,400
5	\$2,150	\$2,859	\$3,224	\$3,976
6	\$2,461	\$3,273	\$3,692	\$4,553
7	\$2,773	\$3,688	\$4,159	\$5,130
8	\$3,085	\$4,102	\$4,627	\$5,706
EACH ADD'L	\$312	\$415	\$468	\$577

¹⁷ <http://healthandwelfare.idaho.gov/FoodCashAssistance/FederalPovertyGuidelines/tabid/311/Default.aspx>



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