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Foreword

We are failing our kids in West Virginia. But we do not have to.

Each generation is supposed to have it better than the one that came before. That’s not true for my one year-old’s generation. His generation faces historically high rates of divorce, addiction, and incarceration among its parents. In 2011, we were the only state where the teen pregnancy rate was rising. And in just the last seven years, the rate of kids being raised by a grandparent has increased by 25 percent.

At the root of it all is poverty, which continues to rise among children and families.

It used to be that if you worked hard and played by the rules, you could earn enough money to cover the basics: food, housing, health care, child care and so on. The average job paid $20/hour in 1970. Today, two average full-time jobs will not get you to the same level.

“Even with child care benefits, I have to choose between paying utilities or getting enough food.”

Americans are working harder, and more productively, than ever before - but they no longer earn enough to take care of their kids. The monthly budget does not add up.

Worse yet, not only has our pay been cut, but our informal support systems have eroded. We used to have a church, a union, an extended family, and a stable group of co-workers to rely on when the going got tough. No longer.

“Growing up, we didn’t even know we were poor. We had so many people looking out for us.”

Church participation has fallen. The union rate in West Virginia is 13 percent; down from 38 percent a generation ago. Families are more scattered than ever. And while the average American worker used to hold three or four jobs in her lifetime; estimates predict that my son is expected to have 30 different jobs in his career. With so much instability, the experience of poverty is, in some ways, even crueler than ever.

“My neighbor’s teenage daughter gave birth a year ago. I haven’t even been over to visit.”

Poverty tends to punish kids twice over. First, it robs them of their youth. Then, it can rob them of their health and well-being as adults.

Three in 10 West Virginia kids under age six live in poverty; tens of thousands more live right on the edge. They want for food, child care, and their parents’ time. Research in brain development shows that social, emotional and cognitive development are shaped in early childhood and have lifelong effects. Poor kids are five times more likely to have children outside marriage, twice as likely to be arrested, and nearly three times as likely to have severe health problems. Poor kids also end up earning incomes less than half those of their counterparts.

This report details the horrible mess we are in and challenges us to clean it up.
The quotes above emerged during a six-month listening campaign. We held 47 community meetings and more than 200 stakeholder meetings with parents and kids, business and labor leaders, ministers, social workers, prisoners, and educators. We asked them what child poverty looked like in their communities and what could be done to change it. Most important, we asked what each of us would commit to do to make that change.

Sometimes, it felt like the problem was just too big, even impossible.

**But raising West Virginians out of poverty is not impossible. We have done it before.**

Just ask our seniors. West Virginia slashed its population of poor seniors from 40 percent to 10 percent in the last generation. That required a host of social changes, tax and entitlement reforms, and the time to see these efforts through.

Slashing child poverty will likewise take a host of policy and social changes. It will take time. And it will require us to courageously invest in quality early childhood education and care, where we get at least a $7 return on every $1 invested.

But most of all, it will take the political will – in our communities, in our legislature, in our Congress – to fight for our kids. There’s no shortcut to political will. Our project is called “Our Children, Our Future” and it is just beginning. We need more people like you.

*Stephen N. Smith*
Stephen N. Smith, Executive Director
West Virginia Healthy Kids and Families Coalition
Section One

Why Child Poverty Matters

“Graphs and tables can hardly relate the acutely personal story of a child in a remote valley, his horizon of opportunity limited to the enclosing hills; nor the despair of his father, who, idled by forces beyond his control and seeing no prospect of future employment, must live month in and month out with the vision of that child repeating his own history. This report can only present statistical evidence, the inanimate pictures, and hope they are as convincing as the visitor to Appalachia finds the realities.”

From Appalachia: A Report By the President’s Appalachian Regional Commission, 1964

On the eve of the 50th anniversary of the Appalachian Regional Commission (ARC) report, this new report revisits many of the same measures of well-being that ARC researchers examined a half-century ago. This analysis, however, focuses its attention on West Virginia, the one state that exists entirely within the federally designated Appalachian region, and, more specifically, on the children of West Virginia.

While inflation has dramatically altered the numbers, many of the disparities persist. West Virginia still lags behind most states in educational attainment, employment and per capita income, while remaining a front-runner in poverty. Within West Virginia, age and racial differences in poverty rates continue, with African American children being the poorest residents of all.

Among these discouraging statistics, however, one promising trend line stands out. When the ARC report was published, a staggering 40 percent of seniors (65 and older) in West Virginia lived in poverty. Due largely to Social Security, that rate has dropped by three-quarters to about 10 percent today.

Perhaps the most crucial questions that emerge from the updated graphs are these: if we applied to children the rigorous anti-poverty effort that so stunningly reduced poverty among our seniors, could we achieve the same positive impact on measures of child well-being? And if we can muster the public and political will to take such action, what might West Virginia’s economy and quality of life look like in the next 10, 20 or 50 years?

This goal of this report is to provide timely and useful information to help West Virginians reduce child poverty and its tragic effects. It provides an overview of the effects of poverty on children and society (Section 1), an explanation of how poverty is measured (Section 2), an in-depth profile of child poverty in West Virginia (Section 3), and an examination of past and present policy responses to the problem (Section 4).
The Effects of Poverty on Children

Poverty is not destiny. While it has a potent influence on child development, it is not the only influence. Nor is poverty inevitable. It can be prevented or ameliorated by appropriate policies, programs and community efforts.

Many studies have examined the effects of poverty on children. The collective findings suggest a significant correlation between child poverty and higher risk for physical, cognitive, social, emotional and behavioral problems, and higher rates of poverty, crime and poor health in adulthood.\(^3\ 4\ 5\ 6\)

There is also considerable evidence that the timing, depth and duration of poverty intensifies its negative impact on child development in the following ways:\(^7\)

- The children who are most harmed are those who live in “deep poverty,” defined as family incomes less than 50 percent of the federal poverty level, and those who live in “persistent poverty” for multiple years.

- Poverty during early childhood has a greater impact on certain outcomes, such as cognitive ability and high school completion, than does poverty in later childhood and adolescence.

- Children of color experience deep poverty, persistent poverty and early childhood poverty at higher rates than white children.

Family income can impact child well-being in a variety of ways. Specifically, it can contribute to the creation of “risk factors” and “protective factors” in the child’s life. Risk factors are those circumstances that make negative outcomes more likely to occur, while protective factors reduce the likelihood of negative outcomes. For example, playing along a busy street is a risk factor, while playing in a safe, well-maintained playground is a protective factor.

Risk factors and protective factors encompass both individual behavior and societal opportunity. For example, where children play – whether in a safe park or on a busy street – is a function of both parental supervision and the resources of the community. Poor children are at higher risk than non-poor children because they are more likely to have only one parent in the home to supervise them and are also more likely to live in neighborhoods that have fewer parks and playgrounds.

Research suggests a number of pathways by which poverty impacts child outcomes, including the following examples (Figure 1). It must be emphasized, however, that the findings apply to the population of poor children and are not predictive of the experience of an individual child in poverty.

- **Home environment:** Child development is influenced by the physical condition of the home, as well as the learning environment it provides. Poor families, who have fewer housing choices than non-poor families, are more likely to live in substandard housing with lead paint and other unsafe conditions.\(^8\) Poor families are also less likely than non-poor families to have reading materials, toys and parenting practices that promote cognitive development.\(^9\)

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**Growing up Poor**

Poverty is not destiny, but it does place children at greater risk for:

- **Physical problems**, such as low birth weight, substandard nutrition, poor motor skills, and more accidents and injuries

- **Cognitive difficulties**, such as poor academic performance, especially among younger children, and higher drop-out rates in high school

- **Social and emotional problems**, such as anxiety, difficulty getting along with peers and adults, and low self-esteem

- **Behavioral problems**, such as engagement in high-risk activities like smoking, alcohol and drug abuse, and early sexual activity, leading to higher rates of teen pregnancies

- **Challenges in adulthood**, such as poor health, lower earnings, higher poverty rates and more criminal behavior
• **Family stability:** Nurturing and dependable relationships with parents and other caregivers are critical to healthy child development. Poor families are more likely than non-poor families to experience significant disruptions, including more frequent moves, job changes, school changes, serious health problems, changes in family structure and stress. Children who experience repeated or high levels of turbulence are less engaged in school and exhibit more emotional and behavioral problems.\(^{10}\)

• **Health and mental health:** Common health problems associated with poverty – low birth weight, elevated lead levels in the blood, anemia, recurring ear infections and hearing loss – have been linked to lower IQ scores among poor versus non-poor preschoolers.\(^{11}\) Poverty-related health problems in early childhood also increase the likelihood of cognitive, language, social-emotional and physical problems in later life.\(^{12}\) Parents who are poor are at higher risk than non-poor parents for health and mental health problems, which can interfere with providing for and interacting with their children.\(^{13}\)

**The Implications of Child Poverty for Society**

In addition to its human toll, the economic cost of childhood poverty is staggering. An in-depth study of the immediate and long-term costs of child poverty estimated the total cost at about $500 billion per year, or the equivalent of 3.8 percent of GDP in 2007 (Figure 2).\(^{15}\)

Based on this study, the estimated annual cost of child poverty in West Virginia was $3.6 billion in 2007.\(^{16}\) The burden of child poverty was the equivalent of 6.3 percent of West Virginia’s Gross State Product ($56.9 billion) that year.\(^{17}\)

**FIGURE 1**

Pathways by which family income affects child development
The effects of child poverty permeate many of the issues that West Virginia residents and policymakers have been grappling with in recent years. While not a direct cause, child poverty has contributed to a wide range of concerns:

- Severe overcrowding of the state’s prisons and rise in state expenditures on corrections.

- The state’s substance abuse epidemic, which is currently being addressed by the Governor’s Advisory Council on Substance Abuse and six regional task forces.

- The state’s high obesity rate and its related health problems, including type 2 diabetes, cardiovascular problems, and bone and joint problems.

- The high teen birth rate and the health, economic and educational challenges it creates for teen mothers and their babies.

- Concerns about students dropping out of high school and the consequences that has on future opportunities, earnings and quality of life.

The above concerns are largely new versions of old problems that the ARC researchers described in their 1964 report. Their conclusion still resonates today that, “solutions to these problems can be found – indeed, must be found, since time has shown that its passage alone does not solve them but only deepens them.”

### FIGURE 2

**Immediate and long-term costs of child poverty in the US (2007)**

Section Two

How Do We Measure Poverty?

While there is no uniform definition of poverty, most people associate it with an inadequate standard of living that deprives families and their children from fully participating in society. This usually includes a lack of essential tangible resources, such as food, clothing, shelter, and income. More recently scholars have been including intangible resources or “human and social capital” when evaluating poverty, such as education attainment, life skills, networks and social connections. This section will examine the most prevalent methods for measuring poverty and their benefits and limitations.

In general, people are considered officially poor if their income is below the federal poverty line or about $23,045 for a family of four in 2012. People are often considered in deep or extreme poverty when their income is half of the federal poverty line, while those with incomes between 100 and 200 percent of the poverty line are considered “near poor” or low income.

The longest-standing measures of poverty used by the U.S. government are the federal poverty threshold and the federal poverty guidelines. A new federal measure — the Supplemental Poverty Measure (SPM) — has been introduced that addresses additional items in the measurement of a family’s resources.

The Self Sufficiency Standard is an alternative approach that considers multiple factors to determine what income working families must have to provide the basic necessities without private and public assistance.

The Federal Poverty Thresholds and Guidelines

The federal poverty thresholds are used by the U.S. Census Bureau to calculate all official poverty population statistics. Developed by the federal government in the mid-1960s, the federal poverty thresholds were originally based on the cost of a minimum adequate diet for families of different sizes and ages and then multiplied by three to allow for expenditures on other goods and services. At the time, about one-third of all after tax expenditures of families was spent on food. Since then, the thresholds have been updated annually solely for price changes using the Consumer Price Index.

A major weakness of the official poverty measure is that it is based on families’ pre-tax, cash income. It ignores all non-cash benefits (such as SNAP, formally called food stamps) and working family credits such as the Earned Income Tax Credit (EITC) and the Child Tax Credit. Another weakness is the fact that the current thresholds do not reflect changes in families’ expenditures (e.g. medical costs) and government policies (e.g. taxes and benefits) since the 1960s and do not adjust for differences in family situations or consider geographical variations in the cost of living.

Poverty thresholds are also often used as yardsticks to measure individual and program achievement, to target resources such as grants and education resources, to set minimum and living-wage levels, and for many other purposes.

The federal poverty guidelines are released each year by the U.S. Department of Health and Human Services (HHS) in the Federal Register. While the federal poverty thresholds are intended for statistical purposes, the federal poverty guidelines are a simplified version of the thresholds that are used to determine the financial eligibility in certain public programs and services such as the Children’s Health Insurance Program, Head Start, Weatherization Assistance, Supplemental Nutrition Assistance Program, and legal services. Federal programs such as the Earned Income Tax Credit (EITC) and cash assistance (Temporary Assistance for Needy Families) do not use the guidelines to determine eligibility.
Similar to the thresholds, the HHS poverty guidelines are adjusted for family size and are updated annually using price changes reflected in the Consumer Price Index (CPI-U). However, unlike the poverty thresholds, the poverty guidelines do not have separate figures for those under and over the age of 65 (one and two person units). Also, unlike the poverty thresholds updated by the Census Bureau each year to account for inflation, the poverty guidelines are designated by the year that they are issued but reflect only those price changes during the previous calendar year, without any inflationary adjustment.

The poverty guidelines are generally referred to as the “federal poverty level” or “poverty line.” In 2012, the Federal Poverty Level (100% FPL) for a family of four was $23,050 (Table 1). Many government agencies use income eligibility limits higher than the federal poverty level to help families meet their basic needs. For example, the income eligibility limit for new parents entering the West Virginia’s Child Care Assistance Program is 150 percent of the federal poverty level.

**Supplemental Poverty Measure**

In 2010, the U.S. Census Bureau and the U.S. Bureau of Labor Statistics announced plans to develop a new Supplemental Poverty Measure (SPM) to complement — but not replace — the existing federal poverty statistic.

The SPM is a more complex and comprehensive poverty measure. Unlike the official measure, the SPM income definition accounts for tax credits and non-cash benefits and deducts from income out-of-pocket healthcare costs, work expenses and taxes owed (federal and state income and payroll taxes). The SPM’s threshold is based on expenditures for basic necessities (food, clothing, shelter, and utilities) and varies by geography depending on housing costs.

The SPM draws on the recommendations of a 1995 report by the National Academy of Science called *Measuring Poverty* that conducted extensive research on poverty measurement that has been done over the past 15 years. In 2011, the Census Bureau released national and state-level poverty estimates for 2009 using the new SPM and has partially updated these estimated over the last two years.

Using three-year averages (2009, 2010, and 2011), the Census Bureau found that the poverty rate in West Virginia was 16.9 percent using the official estimate (poverty thresholds) and 12.3 percent using the SPM, reducing the number of West Virginians in poverty from an estimated 309,000 to 225,000. The lower SPM rate for West Virginia is likely due to a number of factors, including changes in the living standards due to the recession, lower housing costs, and the inclusion of noncash benefits. While the SPM is not a measurement of basic needs, it is an additional indicator of economic wellbeing that provides a deeper understanding of economic conditions by reflecting the effects of taxes, geographical differences, and in-kind transfers on the poor.

**The Self-Sufficiency Standard**

While the poverty threshold has been used as the standard measure of poverty for over 40 years, it does not fully measure poverty. According to the Census Bureau, “the official poverty measure should be interpreted as a statistical yardstick rather than a complete description of what people and families need to live.”

A more realistic picture of what is needed to adequately support a family is the Self-Sufficiency Standard. The measure was developed in the mid-1990s and has been applied in 37 states. The Standard calculates the income that working families need to meet their basic necessities without private and public assistance. The Standard

### Table 1

<table>
<thead>
<tr>
<th>2012 Federal Poverty Guidelines</th>
<th>Annual Income, Family of Three</th>
<th>Annual Income, Family of Four</th>
</tr>
</thead>
<tbody>
<tr>
<td>50% FPL</td>
<td>$9,545</td>
<td>$11,525</td>
</tr>
<tr>
<td>100% FPL</td>
<td>$19,090</td>
<td>$23,050</td>
</tr>
<tr>
<td>133% FPL</td>
<td>$25,390</td>
<td>$30,657</td>
</tr>
<tr>
<td>150% FPL</td>
<td>$28,635</td>
<td>$34,575</td>
</tr>
<tr>
<td>200% FPL</td>
<td>$38,180</td>
<td>$46,100</td>
</tr>
<tr>
<td>300% FPL</td>
<td>$57,270</td>
<td>$69,150</td>
</tr>
</tbody>
</table>

considers multiple factors in measuring basic needs, including housing, child care, food, transportation, health care, miscellaneous expenses (telephone, apparel, household items), and taxes (minus federal and state tax credits). One major shortcoming of the standard is that it does not include any provisions for recreation, entertainment, savings and retiring, debt repayment or emergencies expenses such as car repairs.

The West Virginia Self-Sufficiency Standard was first published in 2002 and updated in 2009. The Standard is calculated for 70 different family types in each of the state’s 55 counties. For example, a single parent raising a preschooler and a school-aged child in Kanawha County would need $34,420 a year to meet his or her basic needs. This is nearly two times the federal poverty level for a family of three ($18,310) in 2009.24

**Deep Poverty and Low Income**

While most people tend to define poverty as those living below the federal poverty level, it is also important to look at two other measurements of basic economic need. One measure, often called “deep poverty”, is defined as the share of the population with incomes below half of the poverty threshold. Children in deep poverty are the most vulnerable and represent nearly half (46%) of all children below the poverty threshold. According to the 2011 American Community Survey, more than one in every 10 West Virginia children lives in deep poverty (11.6%) – which means living on less than $11,406 annually for a family of four with two children (Figure 3).

Another important measure of family finances is the number of children that are “low income.” Low income is defined as those living between 100 and 200 percent of the federal poverty level or up to $45,622 annually for a family of four with two children. Research suggests that to meet their basic needs, families need an income of roughly twice the official poverty level, as indicated above in the West Virginia Self-Sufficiency Standard. In 2011, more than half (48%) of all children in West Virginia were low-income or living in poverty.

**FIGURE 3**

More than half of West Virginia’s children are low-income or poor

![Pie chart showing income distribution](source: U.S. Census Bureau, 2011 American Community Survey)
Conclusion
While each of the above measures of family finances has shortcomings, it is clear that the official federal poverty threshold is inadequate, reflecting only about half of the income required for a family to make ends meet without outside assistance. Consequently, many people who do not have enough income to meet their basic needs are not counted as officially “poor.” This may help to explain why many assistance programs have turned to using multiples of the poverty line to determine eligibility.

Using deflated thresholds of poverty also masks the reality that most low-wage workers, though earning incomes above the federal poverty line, are unable to support their families without programs like the Supplemental Nutrition Assistance Program (formerly food stamps), child care assistance and subsidized health care. Initiatives that focus only on employment, without addressing income adequacy, will leave many low-income families nearly as vulnerable as those who fall below the poverty line.

This report relies on federal poverty measures because they are the most widely used. To address the limitations of these measures, the report also references 200 percent of the federal poverty level as the income threshold below which families need assistance in order to meet their basic needs. This higher level is comparable to the research findings that form the basis of the Self-Sufficiency Standard.
Section Three

West Virginia Profile of Child Poverty

“The problem of poverty is the problem of youth, whether they hang around at the side of a muddy road in West Virginia or on a street corner in Harlem. They can be found, differing only in number, in every city and hamlet in the United States.”

Robert F. Kennedy

Child poverty is a persistent and growing phenomenon, one that contributes heavily to the many challenges faced by our children, families, state and nation. This section provides a closer look at children in poverty in West Virginia, including current and historical trends, age, family structure, race, disability, the impact of the Great Recession, and geographical differences and concentrations. This section will also focus on young children under the age of six, who tend to be the most vulnerable to living in poverty.

How Many Children Live in Poverty?

More than one in four West Virginia children lives below the federal poverty line, the 13th highest poverty rate in the nation. According to the 2011 American Community Survey, 25.8 percent of related West Virginia children (94,852) under the age of 18 lived in poverty compared with 22.2 percent of U.S. children. Children fare worse than adults on poverty measures, and children under age six suffer the highest poverty rates of all (Figure 4).

One reason children are more likely than adults to live in poverty is parents of young children tend to be young and have less work experience. Seniors, on the other hand, are less likely to be poor because they are eligible for Social Security and other programs.

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1 in 4
West Virginia children lived below the federal poverty threshold in 2011

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FIGURE 4
Population below poverty level, 2011

Source: U.S. Census Bureau, 2011 American Community Survey 1-Year Estimates, Table DP03.
Note: Under 18 estimate is only for related children.
Which Children Are More Likely to Be in Poverty?

The factors that are most strongly associated with child poverty in West Virginia and the nation include race, family structure, parents’ educational attainment, employment status, and disability.

**Race and Ethnicity**

Although white children comprise the largest share of children in poverty (88%), children of color in West Virginia are disproportionately impacted by child poverty. For example, African American children make up just three percent of all children in the state, yet comprise six percent of children living in poverty.

Similar to the United States, the highest rate of child poverty in West Virginia is among African Americans. In 2007-2011, the poverty rate of African American children was 42 percent, which is nearly double the rate of whites (Figure 5). Approximately one in three children who were identified as Hispanic or Latino was in poverty, and those that identified with “other” races also had a child poverty rate much higher than whites. West Virginia poverty rates for Asian and American Indian children were not available due to the small population size.

**Family Structure**

Family structure can play a large role in determining poverty status. Children with single parents are nearly three times (44.5%) more likely to live in poor families than children in two-parent families. Almost half (49.4%) of all single-mother families with children in West Virginia live below the federal poverty threshold, while more than 30 percent of single-dad families with children live in poverty (Figure 6). One reason more single moms are in poverty compared to dads is because of the gender gap in wages. In 2011 women earned approximately 22 percent less than their male counterparts.26
In contrast, only about one in 10 children in married families lives in poverty. More than half (55.4%) of African American single-mom families with children are in poverty.

Many children in poverty are increasingly being taken care of by their grandparents. In 2011, over 20,000 grandparents in West Virginia were caregivers of grandchildren under the age of 18 compared to almost 16,500 in 2005. In 2011, approximately 12.5 percent, or just over 5,000 grandparents that were responsible for their grandchildren lived in poverty.

**Educational Attainment of Parents**

Parents’ educational attainment can also play a large role in whether a child is living in poverty. More than six of every 10 children whose parents never finished high school live in poor families, compared to 16 percent of children whose parents have education beyond high school (Figure 7). West Virginia has low levels of educational attainment compared to the rest of the country. Approximately 17.4 percent of West Virginians over the age of 25 in West Virginia lack a high school degree compared to 14.6 percent nationally.

**Employment Status of Parents**

Nearly three in four children whose parents are unemployed live in poor income families. Only nine percent of children in poverty live in families that have at least one parent that is working full time (Figure 8).
Which Areas of West Virginia Have Higher Child Poverty Rates?

Between 2007 and 2011, the child poverty rate in West Virginia was 23.7 percent compared to the national average of 20 percent. Only nine counties in West Virginia had child poverty rates lower than the national average. Almost all of these counties - except Putnam County - were located in the northern part of the state, especially in the eastern panhandle (Figure 9).

The geographical picture for young children – those under the age of six - in poverty is much starker. Nearly two out of three young children are in poverty in Gilmer County and three other counties – Clay, Calhoun and Doddridge – have more than half of their young children in poverty (Figure 10).

FIGURE 9
Poverty rates for children under 18 in West Virginia, by county

FIGURE 10
Poverty rates for children under 6 in West Virginia, by county

Source: U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates, Table DP03. Map created by Elizabeth Paulhus.

How Has the Great Recession Impacted Child Poverty?

During economic recessions, poverty rates for adults and children usually rise as family earnings and income decline with rising unemployment. The Great Recession – which officially began in December 2007 and ended in June 2010 – was no exception. Since the beginning of the recession, West Virginia has lost 13,400 jobs as of December 2012, and the unemployment rate remains elevated at 7.3 percent compared to 4.1 percent in December 2007. Incomes have also been impacted by the recession. Median household income – the annual income for the household in the middle of the income distribution – has declined by more than $1,000 from 2008 to 2011 after adjusting for inflation.

The impact of the recent decline in jobs and incomes has impacted child poverty in West Virginia and around the country. Nationally, the share of children under 18 in poverty has grown from 18.2 percent in 2008 to 22.2 percent in 2011. In West Virginia, the impact of the recession on poverty has been less steep – with more than one in four children (25.8%) in poverty today, compared to 23 percent in 2008 (Figure 11).

It is likely that child poverty rates will remain high in West Virginia over the next several years due to the slow economic recovery in the state. According to the 2012 economic forecast from West Virginia University, the state’s unemployment rate is expected to remain above five percent over the next five years as job growth remains stagnant.

The Growing and Persistent Problem of Child Poverty in West Virginia

Child poverty has been a systemic problem in the Mountain State for over five decades. While the poverty rate for seniors and working-age adults has declined since 1969, the child poverty rate has grown (Figure 12). In 1969, the share of children under 18 in poverty was 19.1 percent. Today, it has grown to 23.2 percent. Meanwhile, the poverty rate for seniors has declined from nearly 40 percent in 1969 to just 10 percent today. The poverty rate of working-age West Virginians has also declined over the last five decades.
While the official poverty rates do not capture the expansions of the social safety net made over the last 40 years, it is clear that little progress toward reducing child poverty has been made.

One reason poverty among seniors has declined dramatically is the investments that have been made to reduce poverty among this group. According to a 2012 analysis by the Urban Institute, public spending (federal, state and local) per child was $11,822, compared to $26,355 per senior in 2008. The growth in public spending for seniors has been primarily in Social Security and the establishment of programs like Medicare that provides health insurance to those over age 65.

Another important measure on the evolution of child poverty is how persistent it has been in a geographical region (county) over time. Persistent child poverty is a measure developed by the United States Department of Agriculture (USDA) and is defined as more than 20 percent of children under 18 in a county that have been in poverty over a period of time.

In general, persistent poverty tends to be a rural phenomenon in the United States. In West Virginia, high concentrations of poverty have endured for decades due physical isolation, exploitation of natural resources and labor, fewer assets and economic opportunities, and an overall lack of human and social capital. As noted in Section One, the children who are most harmed by poverty include those who experience persistent poverty.

Twenty-one of West Virginia's 55 counties have been persistently poor with a child poverty rate of over 20 percent over the last four decades (Figure 13). Almost all of the counties in West Virginia with persistently high child poverty rates are rural, while only three counties (Clay, Lincoln, and Wayne), considered “metro counties” by the USDA, have been persistently poor.

**FIGURE 13**

Persistent child poverty counties in West Virginia

Other key characteristics of the persistently poor counties include slower job and population growth, a less diverse employment mix, higher unemployment and health insurance rates (Table 2).

TABLE 2

Key Characteristics of Persistently Poor Counties

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Barbour</td>
<td>44.5%</td>
<td>19.6%</td>
<td>0.19</td>
<td>74.2</td>
<td>9.0%</td>
<td>20.3%</td>
<td>Yes</td>
</tr>
<tr>
<td>Braxton</td>
<td>57.2%</td>
<td>16.0%</td>
<td>0.66</td>
<td>73.2</td>
<td>10.1%</td>
<td>18.9%</td>
<td>Yes</td>
</tr>
<tr>
<td>Calhoun</td>
<td>86.9%</td>
<td>7.4%</td>
<td>0.16</td>
<td>69.7</td>
<td>12.6%</td>
<td>20.6%</td>
<td>Yes</td>
</tr>
<tr>
<td>Clay</td>
<td>118.0%</td>
<td>4.5%</td>
<td>0.03</td>
<td>72.1</td>
<td>11.9%</td>
<td>18.8%</td>
<td>No</td>
</tr>
<tr>
<td>Doddridge</td>
<td>66.2%</td>
<td>25.1%</td>
<td>0.25</td>
<td>74.1</td>
<td>8.3%</td>
<td>20.4%</td>
<td>Yes</td>
</tr>
<tr>
<td>Fayette</td>
<td>23.9%</td>
<td>-7.2%</td>
<td>0.59</td>
<td>72.5</td>
<td>8.6%</td>
<td>20.9%</td>
<td>Yes</td>
</tr>
<tr>
<td>Gilmer</td>
<td>110.6%</td>
<td>19.7%</td>
<td>0.19</td>
<td>71</td>
<td>7.4%</td>
<td>20.9%</td>
<td>Yes</td>
</tr>
<tr>
<td>Hampshire</td>
<td>128.3%</td>
<td>96.2%</td>
<td>0.67</td>
<td>73.2</td>
<td>7.8%</td>
<td>20.7%</td>
<td>Yes</td>
</tr>
<tr>
<td>Lincoln</td>
<td>94.2%</td>
<td>12.0%</td>
<td>0.09</td>
<td>70.1</td>
<td>9.8%</td>
<td>19.0%</td>
<td>No</td>
</tr>
<tr>
<td>Logan</td>
<td>3.8%</td>
<td>-21.0%</td>
<td>0.11</td>
<td>68.4</td>
<td>8.4%</td>
<td>19.6%</td>
<td>Yes</td>
</tr>
<tr>
<td>McDowell</td>
<td>-48.7%</td>
<td>-56.5%</td>
<td>0.22</td>
<td>67.3</td>
<td>10.0%</td>
<td>20.1%</td>
<td>Yes</td>
</tr>
<tr>
<td>Mingo</td>
<td>21.5%</td>
<td>-20.2%</td>
<td>0.08</td>
<td>67.7</td>
<td>8.8%</td>
<td>17.4%</td>
<td>Yes</td>
</tr>
<tr>
<td>Monroe</td>
<td>76.0%</td>
<td>22.4%</td>
<td>0.50</td>
<td>73.5</td>
<td>7.1%</td>
<td>21.2%</td>
<td>Yes</td>
</tr>
<tr>
<td>Nicholas</td>
<td>39.8%</td>
<td>17.7%</td>
<td>0.13</td>
<td>72.5</td>
<td>9.0%</td>
<td>17.9%</td>
<td>Yes</td>
</tr>
<tr>
<td>Randolph</td>
<td>78.5%</td>
<td>20.9%</td>
<td>0.76</td>
<td>74</td>
<td>9.6%</td>
<td>18.6%</td>
<td>Yes</td>
</tr>
<tr>
<td>Ritchie</td>
<td>43.7%</td>
<td>-0.7%</td>
<td>0.38</td>
<td>73.1</td>
<td>8.9%</td>
<td>19.7%</td>
<td>Yes</td>
</tr>
<tr>
<td>Summers</td>
<td>13.5%</td>
<td>4.2%</td>
<td>0.48</td>
<td>71.5</td>
<td>9.4%</td>
<td>19.4%</td>
<td>Yes</td>
</tr>
<tr>
<td>Tucker</td>
<td>46.3%</td>
<td>-7.3%</td>
<td>0.26</td>
<td>73.2</td>
<td>10.7%</td>
<td>20.7%</td>
<td>Yes</td>
</tr>
<tr>
<td>Wayne</td>
<td>53.8%</td>
<td>6.8%</td>
<td>0.40</td>
<td>71.9</td>
<td>8.1%</td>
<td>18.2%</td>
<td>No</td>
</tr>
<tr>
<td>Webster</td>
<td>40.1%</td>
<td>-7.8%</td>
<td>0.23</td>
<td>74.6</td>
<td>10.8%</td>
<td>18.9%</td>
<td>Yes</td>
</tr>
<tr>
<td>Wyoming</td>
<td>-29.8%</td>
<td>-23.0%</td>
<td>0.07</td>
<td>67.1</td>
<td>8.8%</td>
<td>17.6%</td>
<td>Yes</td>
</tr>
<tr>
<td>21 County Average</td>
<td>25.8%</td>
<td>-4.4%</td>
<td>0.31</td>
<td>71.7</td>
<td>9.0%</td>
<td>19.1%</td>
<td>*</td>
</tr>
<tr>
<td>West Virginia</td>
<td>42.4%</td>
<td>6.3%</td>
<td>0.51</td>
<td>72.1</td>
<td>8.0%</td>
<td>17.4%</td>
<td>*</td>
</tr>
</tbody>
</table>

Source: Job and population growth from the U.S. Bureau of Economic Analysis (Regional Accounts: Local Areas Personal Income and Employment); Life expectancy data from West Virginia Vital Statistics 2006 Annual Report (Table 30); Economic Diversity Index and Unemployment data from WVCBP analysis of Bureau of Labor Statistics data; Uninsured data Census Bureau's Small Area Health Insurance Estimates (SAHIE); and Rural data provided by the United State Department of Agriculture.
Section Four
Policy Responses to Poverty

“The United States has never instituted a comprehensive federal response to child poverty. In fact, no federal role in cash aid to poor children and families existed prior to 1935; only assistance from state, local, and private charities was available. Even today, with an array of federal anti-poverty programs, no policy or program reaches everyone who is eligible.”

Trina Williams Shanks, Sandra Danziger

While the stubborn tenacity of child poverty may suggest to some that “poor children will always be among us,” the impact of Social Security on the well-being of the elderly poor confirms that poverty is not inevitable. This section will examine the history of public policy related to poverty, the current policy environment, and the role of states and communities in addressing the issue of child poverty.

Historical Responses to Poverty

Since the state’s founding in 1863, West Virginia has struggled to build an economy that creates a broadly shared prosperity. Its isolation from modern urban-industrial society, its rugged and mountainous landscape, and its inability to benefit from its rich natural resources and land has created a fertile ground for poverty.

It wasn’t until the early 1930s, during the aftermath of the Great Depression, that the issue of poverty became one of national social responsibility. During this time President Roosevelt launched his New Deal efforts, which included not only programs such as the Federal Emergency Relief Act (FERA), Workers Progress Administration (WPA), and the Civil Conservation Corps (CCC) that greatly impacted the state, but the Social Security Act of 1935.

The Social Security Act became the foundation of our country’s modern welfare state and included federal money to states to provide assistance to aged individuals, the unemployed, the blind, and children. Aid to Dependent Children (Title IV of the Social Security Act) was designed to provide limited financial relief to poor white single mothers. It eventually became Aid to Families with Dependent Children (AFDC) in 1962, and coverage was extended to all adults caring for dependent children.

It wasn’t until the 1960s that federal policymakers began to systemically address rural poverty in places like West Virginia. While campaigning in West Virginia in 1960, John F. Kennedy brought national attention to the chronic unemployment and poverty he found in the Mountain State as a result of the state’s overdependence on the coal industry and its lack of infrastructure and educational attainment.

With that in mind, President Kennedy began a series of large-scale investments in West Virginia and Appalachia – including job-training programs, highway funding, anti-poverty programs, and the creation of the Appalachian Regional Commission. The birth of the modern food stamp program was also inspired by the poor economic conditions that Kennedy found in West Virginia.

“McDowell County mines more coal than it ever has in its history, probably more coal than any county in the United States,” Kennedy said in a 1960 speech in Canton, Ohio. “Yet there are more people getting surplus food packages in McDowell County than any county in the United States. The reason is that machines are doing the jobs of men, and we have not been able to find jobs for those men.”

In fulfillment of his campaign promise, Kennedy signed an Executive Order announcing the food stamp pilot program. On May 29, 1961 Chloe and Alderson Muncy of McDowell County became the first recipients of food stamps. Today the program is called the Supplemental Nutrition Assistance Program and it serves over 47 million Americans and 323,000 West Virginians.
In 1963, Kennedy established the President’s Appalachian Regional Commission (PARC) to prepare a comprehensive action plan for addressing the extreme poverty in the area and to propose economic development in the Appalachian Region. As part of President Lyndon Johnson’s Great Society and “War on Poverty,” he passed the Appalachian Regional Development Act of 1965 that formed the Appalachian Regional Commission (ARC). Over the years, ARC has provided millions in federal funds to support networks of four-lane highways, aid for colleges and universities, health clinics, and other important infrastructure needs.

Other Great Society programs such as Medicare, Medicaid, Head Start, Job Corps, and community action programs have also played a large and important role in reducing economic hardship in West Virginia and the nation. Between 1959 and 1979, the poverty rate in West Virginia was cut by more than half, from 35 percent to 15 percent. Nationally, the poverty rate dropped from 22 percent to 12.4 percent. Child poverty rates, though higher than those for adults, also dropped during this period.

This positive trend was reversed in the 1980s, and child poverty has grown dramatically in West Virginia and other parts of the country ever since. Today, more than 16 million children in the United States live in poverty – 22 percent of all children – and nearly 25 percent of children in West Virginia.

There are a number of factors contributing to the growth in child poverty rates over the last 30 years including slower economic growth, a more turbulent economy, increases in families headed by single mothers, and a larger share of foreign-born residents. Income and wage stagnation has had an especially powerful impact on increasing child poverty. For example, real hourly wages have stagnated or declined for most middle-class workers in West Virginia from 1979 to 2011.

Without the safety net programs, however, many more adults and children would be in poverty. According to Robert Greenstein, the president of the national Center on Budget and Policy Priorities, the safety net cuts poverty nearly in half. If the safety net had not existed in 2010, nearly 29 percent of Americans would have been poor, nearly twice the actual figure of 15.5 percent.” (Figure 14).

FIGURE 14
U.S. poverty rate with and without the safety net

<table>
<thead>
<tr>
<th>With Government Assistance</th>
<th>15.5%</th>
</tr>
</thead>
<tbody>
<tr>
<td>With No Government Assistance</td>
<td>28.6%</td>
</tr>
</tbody>
</table>

Source: CBPP analysis of U.S. Census Bureau Data.
The Current Policy Environment

Overall, current policies and programs that address child poverty aim to (1) increase family income and assets, (2) improve access to essential goods and services, and/or (3) promote human development of children and/or parents (Figure 15, Table 3). Some programs, such as Temporary Assistance for Needy Families, focus exclusively on poor and low-income families. Others, such as the Affordable Care Act, affect a broader population but provide different levels of benefit based on income. (See Appendix for more detailed descriptions of programs.)

West Virginia’s primary response to child poverty has been through participation in this potpourri of state-federal programs. For most of the programs, states have choices about their level of participation and provide a state match for federal funds received based on the state’s economic conditions. For example, West Virginia’s share of the cost of Medicaid was about 27 percent in 2012, with the federal government paying nearly three-quarters of the cost.

TABLE 3
Policies and programs that address poverty in West Virginia

<table>
<thead>
<tr>
<th>Policy Goal</th>
<th>Examples of Policies and Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase family income and assets.</td>
<td>• Temporary Assistance for Needy Families (TANF)</td>
</tr>
<tr>
<td></td>
<td>• Supplemental Security Income (SSI)</td>
</tr>
<tr>
<td></td>
<td>• Unemployment Compensation</td>
</tr>
<tr>
<td></td>
<td>• Earned income tax credit</td>
</tr>
<tr>
<td></td>
<td>• Child tax credit</td>
</tr>
<tr>
<td></td>
<td>• Child and Dependent Care Tax Credit</td>
</tr>
<tr>
<td></td>
<td>• WV Family Tax Credit</td>
</tr>
<tr>
<td></td>
<td>• Minimum wage laws</td>
</tr>
<tr>
<td>Improve access to essential goods and services.</td>
<td>• Medicaid</td>
</tr>
<tr>
<td></td>
<td>• Children’s Health Insurance Program (CHIP)</td>
</tr>
<tr>
<td></td>
<td>• Patient Protection and Affordable Care Act</td>
</tr>
<tr>
<td></td>
<td>• Women, Infants, and Children Program (WIC)</td>
</tr>
<tr>
<td></td>
<td>• Supplemental Nutrition Assistance Program (SNAP)</td>
</tr>
<tr>
<td></td>
<td>• Low-Income Home Energy Assistance Program (LIHEAP)</td>
</tr>
<tr>
<td></td>
<td>• Housing Choice Voucher Program (Section 8)</td>
</tr>
<tr>
<td>Promote human development of children and parents.</td>
<td>• WV Child Care Program</td>
</tr>
<tr>
<td></td>
<td>• Head Start</td>
</tr>
<tr>
<td></td>
<td>• Title I of the Elementary and Secondary Education Act</td>
</tr>
<tr>
<td></td>
<td>• Home Visitation Program of the Affordable Care Act</td>
</tr>
<tr>
<td></td>
<td>• Workforce Investment Act</td>
</tr>
</tbody>
</table>
While these programs have played an invaluable role in ameliorating the effects of poverty among children, most were not designed to address the underlying systemic causes of poverty and income disparities. Additional concerns include insufficient coordination among the plethora of anti-poverty initiatives and inadequate funding to meet the needs of all who are eligible for them.

Social policy experts concur that there is no single solution to child poverty. Rather, it is a multifaceted problem that needs to be addressed at multiple levels in a variety of ways, as suggested by Trina Williams Shanks and Sandra Danziger at the University of Michigan:

“Policies and programs such as asset building and income support, which target the upstream economic strain of poverty, along with initiatives to enhance parenting skills and home environments, which intervene in the downstream processes of social disadvantage, are necessary to set a course for children to escape poverty. While it is important that interventions take place during early childhood, it is also crucial to develop and sustain policies and programs aimed at reducing risk and fostering resilience across the life course.”37

**State and Community Roles**

While the federal government has provided the impetus for the majority of anti-poverty policies and programs, states and communities also play critical roles. The success of policies adopted in the nation’s capital hinge in large part on the how they are implemented, monitored and improved upon by state agencies and community organizations.

Beyond reacting, states and communities are also innovators, providing on-the-ground ideas, experience and research that inform policy and practice at all levels. West Virginia is well-positioned to tackle the issue of child poverty by virtue of its small size, its established organizations and coalitions concerned about children, state and local leaders who have championed children’s causes, and widely held public views about the importance of family.

In moving forward, the following strategies should be considered:

- **Building leadership at all levels:** For example, West Virginia has been a national leader in the implementation of the Children’s Health Insurance Program (CHIP). Its success was due in large part to rigorous collaboration early on between state agencies and community-based organizations to reach out and enroll children across the state who were eligible for CHIP or Medicaid.

- **Setting and working toward a goal:** For example, four states (Arizona, Colorado, Minnesota and Virginia) have created state coalitions to promote the “Half in Ten” campaign, which has a goal of reducing child poverty by 50 percent in ten years in order to focus the attention of policymakers and the public on the issue.

- **Choosing priorities:** If we cannot solve all the problems associated with child poverty at once, where should we start? For example, it makes sense to place the children who are most harmed by poverty in the forefront of concern, including children under age six, children who live in deep and persistent poverty, and children of color.

- **Maximizing current resources:** State decisions on participation in federal programs having sweeping consequences for the number of poor children and families eligible for those programs and the intensity of services and support provided. West Virginia could conduct a state policy audit on anti-poverty efforts similar to the one conducted on the state’s early childhood policies in 2006 to identify untapped or underutilized opportunities to boost anti-poverty efforts.38
• **Enacting new policies**: For example, several bills have been introduced in West Virginia to improve the income and assets of low-income families, including one that would establish a State Earned Income Tax Credit modeled after the federal credit, and another would increase savings through access to Voluntary Retirement Accounts.

• **Ensuring good results**: The outcomes of efforts to reduce or alleviate the effects of poverty hinge on the quality, intensity and appropriateness of those efforts. For example, studies that show a high return on investment in early childhood programs are based on high-quality programs. To maximize their returns, many states have adopted or are the process of developing Quality Rating and Improvement Systems (QRIS) for child-care programs. West Virginia passed legislation for QRIS in 2009, but has not yet funded its implementation.

The lessons of the last fifty years are clear: It was possible to dramatically reduce poverty among our elders through targeted improvements in public policies and programs. It is within our reach to do the same for our youngest and most vulnerable members of society. Indeed, they deserve no less.
Endnotes


American Community Survey 2005 and 2011. Table B10059.


U.S. Census Bureau, American Community Survey 2008 to 2011.


Ibid.


Appendix

Major Policies and Programs that Address Child Poverty in West Virginia

Income Support

West Virginia Works

West Virginia’s Temporary Assistance for Needy Families (TANF) Program is WV WORKS, serving over 23,000 eligible adults and children in 2012. It is based on the goals of assisting poor families to become financially secure, ensuring the prosperity of children, promoting a strong, two-parent family structure, and keeping families near the poverty line self-sufficient.

WV WORKS provides monthly cash assistance to eligible families in order to pay for basic necessities, such as utilities, groceries, and other housing expenses. This money can help families make ends meet and provide needed resources for their children.

To be eligible for WV WORKS, a family’s gross income must be below 65 percent of the Federal Poverty Level and may not exceed 150 percent of the Federal Poverty Level while in the program. The assets of a family are also taken into account. Families may not have assets over $2,000 in order to qualify for assistance.

For more information visit: http://www.wvdhhr.org/bcf/family_assistance/wvworks.asp

Supplemental Security Income

Supplemental Security Income (SSI) is a federal income supplement program designed to help aged, blind, and disabled people who have little to no income. It provides cash to meet basic needs of food, clothing, and shelter. In West Virginia, there were over 80,000 recipients of SSI in 2011, averaging $42,367 in benefits.

The income limit for the SSI program is based on the “federal benefit rate” (FBR) that represents both the SSI income limit and maximum federal monthly payment. The federal benefit rate is increased annually in conjunction with the cost-of-living adjustment (COLA). For 2013, the FBR is $710 per month for individuals and $1,066 per month for couples. The asset limit is $2,000 for an individual and $3,000 for a couple.

For more information visit: http://www.ssa.gov/ssi/

Minimum Wage

In 1938, President Franklin D. Roosevelt signed the Fair Labor Standards Act (FLSA) which created a mandatory federal minimum wage of 25 cents an hour for the purpose of maintaining a “minimum standard of living necessary for health, efficiency, and general well-being, without substantially curtailing employment.”

Following this historic legislation, Congress has revised the minimum wage every few years, adapting for inflation and the cost of living. Currently, the federal minimum wage stands at $7.25 an hour. In 1997, legislation was passed that allowed states to set their own minimum wage rate. As a result, several states have minimum wages that exceed the federal rate.

Some occupations are exempt from minimum wage pay due to specific regulations set by the U.S. Department of Labor. These include waiters, home-care workers, teachers, administrative positions, outside sales employees, and certain computer-related occupations.

In 2011, the Bureau of Labor Statistics estimated that 20,000 West Virginians earned the prevailing minimum wage of $7.25 an hour. Another 14,000 earned less. These 34,000 workers earning minimum wage or less make up about 7.4 percent of all hourly workers in the Mountain State.

For more information visit: http://www.dol.gov.
Unemployment Insurance
The Social Security Act of 1935 created the unemployment insurance programs across the country. The goal of unemployment insurance is to help alleviate personal hardships accrued due to involuntary job loss, providing temporary cash benefits to individuals so they may meet basic needs while searching for new employment.\textsuperscript{46}

To be eligible for unemployment insurance in West Virginia, a worker must be unemployed, able-bodied, and seeking new employment. The worker must also have earned at least $2,200 of gross wages during two or more calendar quarters while previously employed. Unemployment must have occurred through no fault of the worker seeking benefits.\textsuperscript{47}

Workers in West Virginia are eligible for up to 26 weeks of unemployment insurance benefits from the state-funded program, receiving a maximum of $424 in weekly benefits.\textsuperscript{48} Workers who exhaust those weeks before finding employment can receive up to 37 additional weeks through the temporary Emergency Unemployment Compensation (EUC) program, funded by the federal government. Additional weeks are dependent on the state’s unemployment rate.\textsuperscript{49} Over 89,000 West Virginians claimed benefits in 2012.\textsuperscript{50}

For more information visit: http://www.doleta.gov.

Tax Credits
Earned Income Tax Credit
The Earned Income Tax Credit (EITC) is the nation’s largest federal income support program with proven success in reducing the number of families in poverty. This refundable tax credit provided $329 million to over 157,000 working West Virginians in 2011.\textsuperscript{51} If the credit exceeds the amount of taxes the family owes, the difference is ent back to the family in the form of a refund check.

The EITC is designed to encourage and reward work. As the income of a worker increases, the tax credit increases until it reaches the maximum value. This creates an incentive for people to leave welfare for work and strive for higher wages.

In 2012, working families with children and annual incomes below about $36,900 to $50,300 (depending on marital status and the number of dependent children) may be eligible for the federal EITC. Also, working poor people without children that have incomes below about $13,900 ($19,200 for a married couple) can receive a very small EITC.

For more information visit: http://www.irs.gov/Individuals/EITC-Home-Page--It’s-easier-than-ever-to-find-out-if-you-qualify-for-EITC.

Child Tax Credit
The Child Tax Credit (CTC) is a federal tax credit designed to help working families offset the cost of raising children. A family can receive a credit up to $1,000 per child under age 17. Like the EITC, since a portion of the credit is refundable, if the credit exceeds the amount of taxes the family owes, some of the difference will be given back to the family in a refund check. The CTC can provide needed financial resources to children in low-income families and may be helpful in lifting people from poverty, as it provides supplemental income to the household.

The CTC can be reduced or eliminated if the taxpayer’s adjusted gross income exceeds $110,000 on a joint return; $75,000 for an unmarried individual; or $55,000 for a married individual filing a separate return.

In 2009, over 129,000 West Virginians claimed the child tax credit, resulting in over $163,000.\textsuperscript{52} About 43 percent of those filers had incomes below $50,000 a year. Low-income working families in West Virginia received needed assistance in their path toward financial security.


Child and Dependent Care Tax Credit
The Child and Dependent Care Tax Credit (CDCTC) is a tax credit that helps working families pay expenses for the care of children, adult dependents or an incapacitated spouse. Families can claim up to $3,000 in dependent care expenses for one child and $6,000 for two children per year.
The credit is worth between 20 percent and 35 percent of these expenses, depending on a family’s income. Eligible families with adjusted gross incomes of $15,000 or less can claim 35 percent of these expenses for a maximum potential credit of $2,100. As income increases, the potential claim decreases until families with an adjusted gross income of $43,000 or more reach the minimum claim rate of 20 percent, qualifying for a maximum potential credit of $1,200.

Over 17,000 West Virginians claimed the CDCTC in 2009. Almost 30 percent of tax filers earned income less than $50,000 a year.\(^53\)

In order to claim the CDCTC, the care provided must have been for a child who was under the age of 13 or a spouse who was not physically or mentally able to care for himself; the householder or spouse must have received earned income during the year; the paid child care provider cannot be another dependent; or child care must be work related, meaning it was necessary for the caretaker or spouse to work or look for paid work.

For more information visit: http://www.irs.gov/taxtopics/tc602.html

**WV Family Tax Credit**

The West Virginia Family Tax Credit (FTC) reduces or eliminates the state income tax liability of taxpayers below the Federal Poverty Level and provides a partial credit up to 120 percent of poverty.\(^54\) In 2009, more than 84,000 West Virginia personal income tax filers claimed the FTC for a total of $15.5 million. In 2010, the average tax savings for eligible taxpayers averaged at least $180.\(^55\)

Income eligibility is dependent on family size and household income. For a single parent with two children the household income must be equal to or less than $21,790 in order to be eligible for the FTC in 2012.\(^56\)

For more information visit: http://www.wva.state.wv.us/wvtax/default.aspx.

**Health Care**

**West Virginia Children’s Health Insurance Program**

The West Virginia Children’s Health Insurance Program (WV CHIP) provides health insurance to eligible children and promotes health care coverage for all West Virginia children. WV CHIP is a free or low-cost health plan created to cover the children of low-income working parents not eligible for Medicaid. Covered services include preventive care, such as well-child visits and immunizations, prescriptions, hospital visits, dental, vision, and mental health services. In State Fiscal Year 2012, WV CHIP served over 37,000 children in the state.\(^57\)

Based on family size, household income must be between 150 percent and 300 percent of the Federal Poverty Level to be eligible. The child must be under the age of 19 and have had no insurance coverage for the past three months.

For more information visit: http://www.chip.wv.gov/Pages/default.aspx.

**Medicaid**

The West Virginia Medicaid Program covers health insurance for 400,000 individuals, half of which are children.\(^58\) This allows those who may not be able to afford medical care the opportunity to have their health needs addressed.

In order to qualify, one must be a resident of West Virginia, a U.S. citizen, permanent resident, or legal alien, in need of health care/insurance assistance, whose financial situation would be characterized as low income or very low income.
To be eligible:

- Parent must be below 35 percent of FPL
- Child under 12 months must be below 150 percent of FPL
- Child 12 months to under six years must be below 133 percent of FPL
- Child six years to 19 years must be below 100 percent of FPL
- Pregnant woman must be below 150 percent of FPL
- Elderly individuals (65 years and over) must be below 100 percent of FPL

For more information visit: http://www.wvdhhr.org/bcf/family_assistance/medicaid.asp

**Patient Protection and Affordable Care Act**

President Barack Obama signed the federal Patient Protection and Affordable Care Act (ACA) into law in March of 2010. The ACA reforms the health care system in the United States by expanded access to health insurance, increased consumer protection, an emphasis on prevention and wellness, improvement of the system performance, expansion of the health workforce and containment of rising health costs.\(^{59}\)

The optional Medicaid expansion to West Virginians earning up to 138 percent of the federal poverty level can provide insurance to an additional 130,000 adults that lack health insurance.\(^{60}\) Expansion may improve the health of West Virginians and improve the financial security of families.

The Affordable Care Act also impacts the health of women and children. Numerous preventative measures are covered such as mammograms, pap smears, cholesterol screening, tobacco and alcohol consultation, obesity screening, child visits, immunizations, and more.\(^{61}\)

For more information visit: http://www.wvahc.org.

**Nutrition**

**Women, Infants, and Children Program**

Women, Infants, and Children (WIC) serves approximately 50,000 West Virginians each month with nutrition counseling, breastfeeding promotion and support, health screening, medical and social service referrals, and monthly food packages.\(^{62}\) Nearly half of the recipients are infants and one-quarter are children between the ages of one and four.\(^{63}\)

Pregnant women, new mothers and children up to age five are eligible to receive WIC benefits. Income eligibility requires a household have income at or below 185 percent of the Federal Poverty Level. Recipients must also demonstrate a “nutrition risk”—any medical or health problem that can be corrected or lessened by proper amounts and types of food intake—such as low iron levels, low weight or height, premature delivery, and others.


**Supplemental Nutrition Assistance Program**

The Supplemental Nutrition Assistance Program (SNAP), formally known as Food Stamps, provides monthly benefits to 300,000 poor and low-income West Virginians in 2012.\(^{64}\) Over a third of the recipients are children. The average monthly food stamp benefit amounted to $120.23 per participant in 2012.\(^{65}\) Total benefits in the Mountain State added up to over $500 million.\(^{66}\)

Eligibility is based on household size, income, assets and some household expenses. The federal government determines the income and asset limits. Gross household income must be at or below 130 percent of the Federal Poverty Level and net income must be at or below 100 percent.\(^{67}\) The asset limit is $2,000 for most households, but if at least one person is at least age 60 or disabled, the asset limit is $3,250.\(^{68}\)
SNAP benefits may only be used to purchase food for human consumption and seeds/plants to grow food at home. Food Stamp benefits cannot be used for: household items, grooming products, tobacco, alcohol products, pet food, etc.

For more information visit: http://www.wvdhhr.org/bcf/family_assistance/fs.asp.

**Child Care**

**West Virginia’s Child Care Program**

West Virginia’s Child Care Program provides low-income parents with financial assistance to pay for child care. Families are eligible for financial assistance if their monthly gross income (before taxes and deductions) falls below 150 percent of the Federal Poverty Level. Once eligible, the family may continue to receive certificates until income exceeds 185 percent of the Federal Poverty Level.

Financial assistance covers the majority of the cost of direct care and supervision of children while parents work, attend training, or are otherwise unable to provide care. The agencies also educate consumers on selecting appropriate child care and refer parents to providers in their area.

The Child Care Program also promotes a safe environment that encourages the healthy development of children. This program cares for children age birth to 13—up to age 18, if the child has special needs. The Child Care Program served over 24,000 eligible children in the state of West Virginia in 2011.

For more information visit: http://www.wvdhhr.org/bcf/ece/earlycare/.

**Head Start**

The Head Start program (for children three to five years old) and Early Head Start (for pregnant women, infants and toddlers) provides educational, health, and social services to low-income families. It aims to promote school readiness by enhancing the cognitive and social development of children. Benefits include literacy and pre-literacy experiences in a multicultural environment and child care assistance to allow parents to work or attend school. During 2012, over 9,000 children were enrolled in Head Start in West Virginia.

Head Start is required to fill 65 percent of its enrollment slots with families whose income is at or below 100 percent of the Federal Poverty Level. Thirty-five percent can be filled by families whose incomes are at or below 130 percent of the Federal Poverty Level.

For more information visit: http://www.wvheadstart.org.

**Title I (Elementary and Secondary Education Act)**

The Elementary and Secondary Education Act, signed by President Lyndon B. Johnson, is a federal statute that funds primary and secondary education, emphasizes equal access to education, and establishes high standards and accountability. The Title I provision provides opportunities for low-income children to succeed academically by closing the achievement gap, meeting the educational needs among the nation’s highest-poverty schools, holding schools to higher standards of operation, and affording parents opportunities to participate in the education of their children.

Schools in which 40 percent of the children come from low-income families are eligible to receive federal Title I funds. Over 350 schools in West Virginia benefit from Title I funding, which helps ensure poor and low-income students meet the challenging state academic standards.

For more information visit: http://www2.ed.gov/policy/elsec/leg/esea02/pg1.html.
**Home Visitation Program (Affordable Care Act)**

The Home Visitation Program, a provision of the Affordable Care Act, was designed to develop and improve the health of “at-risk” children such as improving prenatal, maternal, and newborn health; preventing child injuries, child abuse, neglect or maltreatment; improving school readiness and achievement; and improving family and economic security. In 2010, the latest year available, the Home Visitation Program served nearly 340 low-income families.  

Pregnant women and children up to five years old are eligible. Families served include those that are low-income; have a history of child or substance abuse; pregnant women younger than 21; children with low academic achievement; children with developmental delays or disabilities; and others.  

For more information visit: http://www.wvdhhr.org/wvhomevisitation/default.asp.

**Housing**

**West Virginia Low-Income Home Energy Assistance Program**

The West Virginia Low-Income Home Energy Assistance Program (LIHEAP) assists households with the cost of home heating through direct cash benefits or payments made directly to utility companies on their behalf. In order to be eligible, household income must fall at or below 130 percent of the Federal Poverty Level.

In 2011, LIHEAP served over 120,000 households and received $40.8 million from the federal government. The elderly, disabled, and children were the most helped demographics during that time. The average benefit was $330 per month.  

For more information visit: http://www.wvdhhr.org/bcf/family_assistance/utility.asp.

**Employment**

**Workforce Investment Act**

The Workforce Investment Act (WIA), authorized in 1998, created a system of workforce development designed to increase employment, retention, and wages of participants and improve the competitive occupational skills of workers—including low-income adults, low-income youth, and dislocated workers. By investing in the workforce, the WIA intends to improve the quality of the workforce, reduce welfare dependency, and enhance productivity.

West Virginia splits the workforce investment areas into seven regions, covering all 55 counties in the state. By the end of June 2011, Workforce West Virginia—the statewide network tasked to deliver WIA services—served over 73,000 people.  


**Housing Choice Voucher Program (Section 8)**

The Housing Choice Voucher Program allows very low-income families to lease or purchase a safe, decent and affordable home, including single-family homes, townhouses, and apartments. In general, a family’s income may not exceed 50 percent of the median income of the county or metropolitan area in which the family decides to live. For example, in Kanawha County, the median income is $44,265. A family’s income cannot be more than $22,132 in order to be eligible. Family size is also a factor when determining eligibility.

About 13,216 families in West Virginia used the Housing Choice Voucher in 2010. Families were able to continue their path toward financial and family security using this program.

The **West Virginia Center on Budget and Policy** is a policy research organization that is nonpartisan, nonprofit, and statewide. It focuses on how policy decisions affect all West Virginians, including low- and moderate-income families, other vulnerable populations, and the important community programs that serve them.

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The **West Virginia Healthy Kids and Families Coalition** is a nonprofit corporation bringing together individuals, private organizations, and state agencies to work to improve the health of children and families in West Virginia. The coalition provides a forum for diverse organizations to discuss, coordinate and collaborate on issues that improve the health and well-being of West Virginia children. After more than 13 years, the coalition continues to be a vital force in educating and advocating for child and family health.

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