



## Three actions New York needs to take in the 2022-23 Budget to begin reducing child poverty

New York State has enacted the Child Poverty Reduction Act, committing the State to halve child poverty in the next decade with a focus on racial equity. The law creates a framework and expectation of analysis, measurement over time, and public accountability about how State budget decisions affect opportunity and economic security for our most vulnerable children.

It is critical to make progress this year. Before the pandemic, poverty affected nearly one in five New York children, and in some communities—including Rochester and Buffalo, nearly one in every two.<sup>i</sup> A Black child then was two times more likely to live in poverty than a white child.<sup>ii</sup> And New York State's child poverty rate was higher than 31 other states.<sup>iii</sup> 2020 was already well-past time to address child poverty. Now, hundreds of thousands more children and families have plunged into poverty.<sup>iv</sup> Racial inequities have widened and been laid bare.<sup>v</sup> This is similar to what occurred after the Great Recession in 2008, when poverty rates rose and continued to climb for six years.<sup>vi</sup> This time needs to be different, for the sake of every single child and family whether they live in Buffalo, Batavia, or Brooklyn.

We urge policymakers to act now, with intention, taking three crucial actions in the SFY 2022-23 budget to reduce child poverty:

**Strengthen the Empire State Child Tax Credit.** Make the credit available to families with babies/toddlers (age 0-3 years) and raise the credit amount for young children (age 0-3) to \$1,000 per year; increase the credit amount for currently covered older children (4 to 16) to \$500 per year; and make the full credit available to the lowest-income families.

**Invest substantially to build a high-quality, equitable, affordable, and universal child care system that meets the needs of all children and families and includes strong support for workers and providers.**

**Guarantee continuous health insurance coverage for babies age 0 to three years and postpartum women for one year, regardless of immigration status.** Expansion of public insurance to pregnant women and children in the 1990s and 2000s had immediate positive effects, leading to declines in infant mortality and preventable hospitalizations.<sup>vii</sup> Longer-term effects showed higher educational attainment and earnings and lower mortality and hospitalization rates. Mortality declines were especially large among non-white children.<sup>viii</sup>

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<sup>i</sup> [NYS Community Action Association](#)

<sup>ii</sup> [NYS Community Action Association](#)

<sup>iii</sup> [Kids Count Data Center](#)

<sup>iv</sup> [United Hospital Fund](#)

<sup>v</sup> [United Hospital Fund](#)

<sup>vi</sup> [Kids Count Data Center](#)

<sup>vii</sup> Currie J., Corney. Medicaid and CHIP improve child health and reduce poverty but face threats. [Academic Pediatrics](#). 2021; 21:S146-S153.

<sup>viii</sup> *ibid.*