Economic stability is an important factor for the social determinants of health (SDoH). Income can determine how healthy you are. How much you earn can influence both your well-being and life expectancy.

- 1 in 10 people in the United States live in poverty and can’t afford healthy foods, health care, and/or housing.
- 37 percent of U.S. adults (not classified as living in poverty) don’t have $400 in the bank to cover an unexpected expense.

Many people have trouble finding and keeping a job either due to their disability or being the primary caregiver to a child or adult with a disability. In addition, many people with steady work do not earn enough to afford what they need to stay healthy. This impacts families who are Black, Hispanic, single-parent and those who live in underserviced communities at a higher rate. The Family Stress Model has shown how economic pressures affect the quality of parental relationships, which in turn affects the child. Family stress puts children at a higher risk for behavior and mental health problems, academic and physical health difficulties, and difficulty engaging and maintaining relationships.

In Illinois, economic opportunities and community resources are not distributed equally. Depending on where a child is born, they are exposed to risk factors that undermine their optimal childhood development. Risk indicators include:

- Population levels
- Homelessness
- Parental employment and education
- Violence exposure
- And many more
To learn about the different risks for children in Illinois (by county), check out the *Erickson Institute’s Risk and Reach Report*.

**OVERALL RISK**
- High
- High-Moderate
- Low-Moderate
- Low

In Illinois, research shows CYSHCN families face significant economic instability:

- **Higher healthcare costs** – even among families with health insurance, insurance often does not fully cover all needed care for CYSHCN.

- **Higher costs of daily living** – for example, families may use more gas to get to medical appointments or pay for transportation to these appointments. They also have larger grocery bills for special dietary needs. They can even pay more for HVAC if the child’s condition causes intolerance to temperature changes.

- **Less employment income** – parental surveys from the *National Survey of Children’s Health report* CYSHCN family members are leaving their jobs, taking a leave of absence, or cutting down hours because of their child’s health.

**Effects on Children and Youth with Special Healthcare Needs**

Children and youth with special healthcare needs (CYSHCN) represent about 20 percent of the total child population in the United States. Yet, they require long-term services and supports and have higher health care costs compared to their peers without a special health care need. CYSHCN also feel the effects of health inequities and unmet needs far greater than their peers.

**CYSHCN**
“Those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.”

**1. Pre**
**scription Medicine**

**2. Medical, Mental Health, or Educational Services**

**3. Specialized Therapies**

**4. Mental, Developmental & Behavioral Treatment**

**5. Functional Limitations**

**20.6 Percent**
Illinois CYSHCN in Poverty

**13.9 Percent**
Illinois Children in Poverty
Opportunities to Support Economic Stability for Families of CYSHCNs:

To help families of CYSHCN achieve family stability and economic opportunities, there must be an intentional focus on equitable access and opportunities in education, employment, housing, health-promoting environments, and wealth creation.

- Support policies that provide economic supports for families. These include:
  - Minimum Wage Increase
  - Earned Income Tax Credit
  - Child Tax Credit – The Catalyst Center report, “It helped us more than I could have imagined”: How the 2021 Expanded Child Tax Credit Supported Families Raising Children with Disabilities, highlights how families of children with disabilities significantly used their payments for vital everyday expenses.

- The American Academy of Pediatrics’ “Reimagining Child Welfare: Recommendations for Public Policy Change” recommends building upon the goals of the Family First Prevention Services Act by expanding the scope of services eligible for federal reimbursement to include:
  - Time limited cash assistance for low-income families to meet “concrete” needs, including Medicaid, supportive housing, paid family leave, childcare, Supplemental Nutrition Assistance Program (SNAP) and Women, Infants, and Children (WIC).
  - Services that address behavioral health, housing instability, and domestic violence.

UIC’s Division of Specialized Care for Children Helps Families with Economic Instability

- Health Insurance Education Series - Our team is here to guide families through the systems involved in children’s care. We created these presentations to help families better understand insurance and answer common questions in accessing healthcare. Recordings and related webinar resources can be found at: https://dscc.uic.edu/family-education-webinars/. We also connect families to other programs and resources to help them learn more about getting the most out of their insurance:
  - National:
    ♦ Insure Kids Now: www.insurekidsnow.gov/
  - Illinois:
    ♦ Get Covered Illinois: https://getcovered.illinois.gov/  
    ♦ Illinois Medicaid: www.benefits.gov/benefit/1628  
    ♦ Illinois Senior Health Insurance Program: https://ilaging.illinois.gov/ship.html
• **Federal Medical Assistance Percentage (FMAP)** – The Division of Specialized Care for Children (DSCC) collaborated with the Illinois Department of Healthcare and Family Services to help develop initiatives on improving caregiver supports to families of children with medical complexity

• **Care Coordination Programs** - Parents and caregivers of children with special healthcare needs should have a strong support system. DSCC is a statewide program that partners with Illinois families and communities to help children with special healthcare needs connect to the services and resources necessary to reach their full potential. DSCC guides families through their child’s journey with a medical condition and works with doctors, schools and community groups to create a seamless support system. Our staff works together with families to develop a plan of care that addresses a child’s medical, social, behavioral, educational and financial needs. This process is called care coordination. It is free for all children with eligible medical conditions, regardless of their family’s income level.

Our assistance empowers families to feel more confident and organized in the care of their child and become well-prepared for the transition to adulthood.

Find out more about our programs and how we help on our website at [dscc.uic.edu](http://dscc.uic.edu).

You can also contact us at [dscc@uic.edu](mailto:dscc@uic.edu) or (800) 322-3722.