



UTAH'S TENTH ANNUAL REPORT

Intergenerational Poverty

WELFARE DEPENDENCY AND
PUBLIC ASSISTANCE USE • 2021



Published by Utah's Intergenerational Welfare Reform Commission
September 28, 2021

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EXECUTIVE SUMMARY

The *Tenth Annual Report on Intergenerational Poverty, Welfare Dependency and Public Assistance Use* marks a special 10-year milestone of collecting data and building awareness of Utahns living in poverty. Over the past decade, Utah has identified trends in the data, which has guided various organizations in developing plans and improving programs to help families break the cycle of poverty.

This report builds upon years of multi-agency partnerships and collective efforts to provide insightful data about individuals and families experiencing intergenerational poverty (IGP). This includes a comprehensive look at annual child well-being data indicators in the areas of early childhood development, education, family economic stability and health.

New data indicators were included in this year's report to explore how the COVID-19 pandemic may have exacerbated hardships for those experiencing IGP. This includes rates of COVID-19 incidences, unemployment insurance claims, broadband internet access, domestic violence cases, returning student enrollment and learning delivery models. State and federal policies were also analyzed such as Medicaid Expansion and eligibility changes for public assistance programs during the pandemic. This report also looks at upcoming policies to help foresee what may impact the IGP population in the future.

Health was a major focus in 2020, and fortunately, the IGP population did not experience more adverse outcomes from COVID-19 compared to the general population, although, they reported a slightly higher rate of positive cases. Further research could determine factors that influenced the difference between higher cases and lower adverse outcomes for the IGP population. Another health-related focus was Medicaid Expansion, which had opportune timing to have gone into effect in 2020. A total of 16,835 IGP adults received public health insurance during the pandemic who might have gone without coverage if Medicaid Expansion had not been available.

Overall, the report's findings indicate that the immediate impacts of COVID-19 were alleviated for those in poverty with help from unemployment benefits, federal stimulus packages and policy changes in 2020. It is important to continue to track these trends as there could still be longer-lasting impacts on academic achievement, economic success and long-term health in the coming years.

Policymakers can use this report as a comprehensive guide for improving their programs and services to better serve low-income Utahns. Through these collaborative efforts, Utah will continue to build economic opportunity and ensure equitable access for all to reach their full potential.

Overall, below are the top ten findings for 2020:

- 1.** The majority of IGP adults were women (62%) in 2020. Historically, women have had higher odds of experiencing IGP than men. [pg. 15](#)
- 2.** Out of Utah's general population, American Indian adults (16%) and children (27%) experienced the highest rates of IGP out of all racial groups, while White adults (2%) and children (2%) had the lowest rates. [pg. 16](#)
- 3.** A majority of IGP adults (67%) did not have a postsecondary education, which may relate to their low workforce participation. [pg. 19](#)
- 4.** San Juan County had the highest rate of children at risk of remaining in poverty as adults (52%) compared to the state's overall at-risk rate (21%). The county also had the most schools with the highest rates of students who were IGP. [pg. 21 & 31](#)
- 5.** High school graduation rates (79%) continued to increase for IGP children. Since 2012, the IGP graduation rates have increased from 50%. [pg. 29](#)
- 6.** IGP adults had a higher need for behavioral health services (48%) and substance use treatment (43%) than in 2019 (45% and 36%, respectively), possibly to cope with stress from the pandemic. [pg. 38](#)
- 7.** Employed IGP adults (38%) experienced a job loss or interruption that was more than twice as high as Utah's general labor force (16%) in 2020. [pg. 44-45](#)
- 8.** IGP adults (35%) enrolled in the first year of Medicaid Expansion to receive public health insurance that they were not eligible for prior to 2020. [pg. 48](#)
- 9.** The IGP population (10%) experienced slightly higher COVID-19 case rates compared to Utah's general population (9%), while having lower hospitalizations, case fatalities and death rates. [pg. 46-47](#)
- 10.** Regular and federal pandemic unemployment benefits helped keep IGP families afloat, as their average monthly income nearly doubled from \$1,122 to \$2,016 in 2020. [pg. 49](#)



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INTERGENERATIONAL POVERTY, AND TO VIEW
PREVIOUS ANNUAL REPORTS AND DATA, VISIT
INTERGENERATIONALPOVERTY.UTAH.GOV



Part I: INTRODUCTION

WHAT DOES THE CYCLE OF POVERTY LOOK LIKE IN UTAH?



UTAH IS KNOWN AS ONE OF THE BEST PLACES TO LIVE FOR UPWARD MOBILITY.

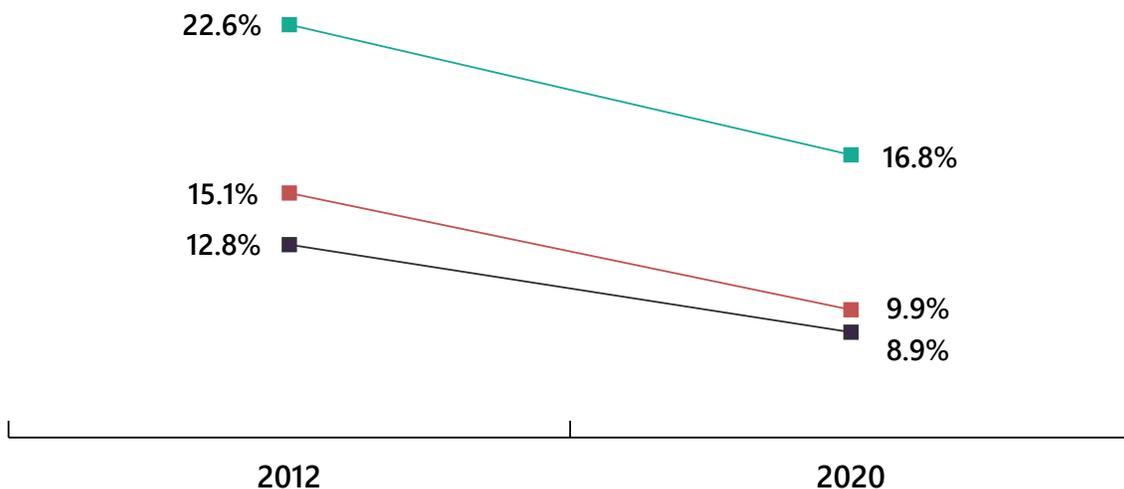
Utah consistently ranks as one of the best places to live in the United States for its thriving economy, strong sense of community and tradition of resiliency.¹ Even when times were tough during the COVID-19 pandemic, Utah was able to maintain its standing and become one of the first states to make a strong economic recovery. In April 2020, the state's unemployment rate had spiked to 10.1%, and then returned to almost pre-pandemic levels at 3.3% by December 2020.² As for health, Utah had placed early preventative measures and successfully recorded a low number of deaths out of total COVID-19 cases, with a cumulative case fatality rate of 0.61%, compared to 1.89% nationally by the end of 2020.³

Utah Governor Spencer J. Cox has attributed part of the successful pandemic response to the state's opportunity for upward mobility already in place prior to COVID-19.⁴ Key factors that play into upward mobility for Utah include less residential segregation, less income inequality, better primary schools, greater social capital and greater family stability.⁵

In 2020, Utah also carried on its national reputation for overall child well-being by ranking 4th in the nation by the 2020 KIDS COUNT Data Center.⁶ This was up from the 11th spot in 2012 when the Intergenerational Poverty Mitigation Act was first passed by the Utah State Legislature. Since then, Utah has strategically focused on helping all children succeed by starting a quality rating system for child care centers; increasing school-based behavioral health services; reducing health shortage areas and aligning services to better serve children throughout the state.⁷

POVERTY IN UTAH IS CONSISTENTLY LOWER THAN THE U.S. AVERAGE

POVERTY % RATES FROM CY2012 TO CY2020 ■ U.S. CHILDREN ■ UTAH CHILDREN ■ UTAH (OVERALL)



Source: U.S. Census Bureau, 1-Year ACS data, 2012 and 2020

As for those who are living in poverty, Utah has one of the lowest poverty rates in the country at 8.9%, which is lower than the national average of 12.3%, according to the 2019 U.S. Census Bureau. Although Utah's poverty rate is low in comparison to other states, approximately 1 out of 10 Utahns are living in poverty and unable to make ends meet. This is despite Utah's prosperous economy of low unemployment rates and high job growth. When broken down by age, Utah children have a poverty rate slightly higher than adults at 9.9%, but still low compared to the national child poverty rate of 16.8%.⁸

Although Utah has a low poverty rate, not all Utahns are reaching their full potential.

Utah has received many accolades and has a low poverty rate, but the state recognizes there are still individuals and families not reaching their full potential. In 2020, Utah continued to learn more about the characteristics and barriers of individuals in poverty, in order to understand how to build equitable access to opportunities for all.

Across the country, states have had different programs, policies, funding, culture and resources that influence opportunities for upward mobility.⁹ In Utah, former Senator Stuart Reid sponsored the Intergenerational Welfare Reform Act in 2012 to begin tracking data on the issue in order to help children escape the cycle of poverty. Since then, Utah has stood out from other states by being in a position with tremendous resources to focus on creating solutions for child well-being in regards to poverty. Using a data-driven approach, there have been great accomplishments in improving child well-being in Utah through programs and policies.¹⁰ However, there are other factors still at play. Individuals could still face a difficult time escaping poverty due to personal, family and community factors.

Individuals in poverty typically face multiple challenges for upward mobility: adverse childhood experiences, chronic stress, lack of social capital, limited safety nets and low financial resources.¹¹ Sometimes poverty is ingrained as the norm over generations with little social stigma attached, and families are unaware that their way of living could be different.¹² Others may recognize their situation and have the desire and determination to change, but are unsure how because their parents lack the experience to show them.



Poverty can perpetuate a cycle in families when early childhood development, education, family economic stability and health issues are not properly addressed. When those needs are not met, children grow up disadvantaged—economically, cognitively and socially—which makes it harder to climb the economic ladder as adults. The longer someone is disadvantaged in childhood, the more likely they will be as adults.¹³ When a disadvantaged child does not experience upward mobility and becomes a parent, their children are brought into the same disadvantaged position. Thus, it becomes a cycle of poverty unless an influential change occurs within one of the generations.

Who is experiencing a cycle of poverty in Utah?

ANNUAL OVERVIEW OF THE IGP POPULATION

IGP Groups	2019	2020	Annual Change
Utah children experiencing IGP (% of state's child population)	52,795 (5.7%)	56,508 (6.1%)	○
% of public assistance children experiencing IGP	21%	24%	○
Utah adults experiencing IGP (% of state's adult population)	41,506 (3.6%)	48,838 (3.6%)*	●
% of public assistance adults experiencing IGP	29%	29%	●
Utah young adults experiencing IGP	5,506 (3.9%)	8,121 (5.5%)	○
% of public assistance young adults experiencing IGP	26%	36%	○

*The percentage remained the same since the state's adult population grew at the same rate as the IGP adult population.

● Minimal to no annual change; ○ Negative annual change

Families and individuals experiencing IGP are from households with income levels low enough to be eligible for public assistance programs from the government. This indicates they do not have self-sufficient means for basic needs such as food, health care, child care and housing. In Utah, IGP is defined by participating in any one of the following public assistance programs where eligibility is determined by the Utah Department of Workforce Services:

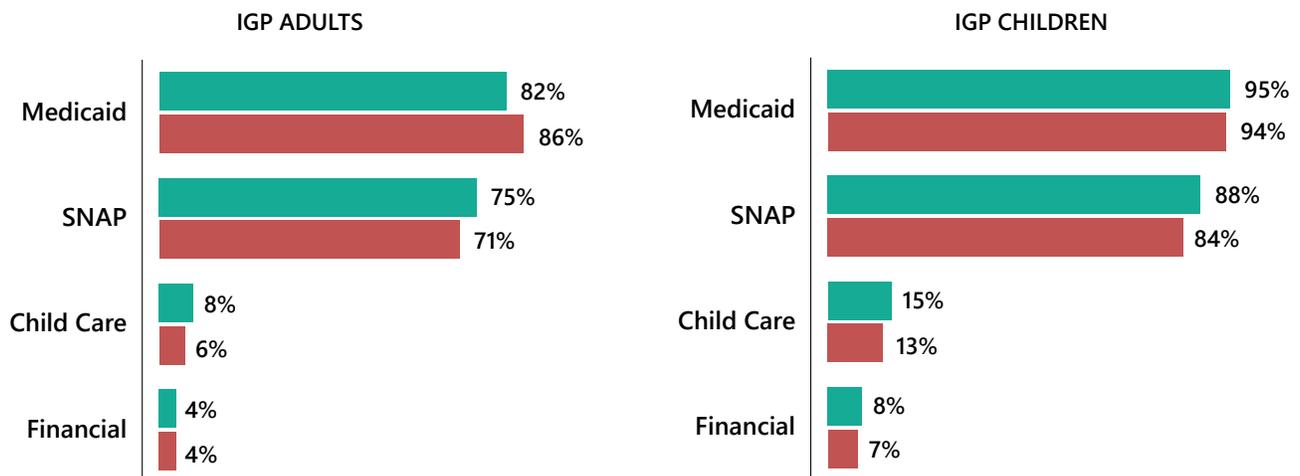
- Supplemental Nutrition Assistance Program (SNAP)
- Medicaid/CHIP
- Child Care subsidies
- Financial assistance such as Temporary Assistance for Needy Families (TANF)

The most common programs for participating IGP individuals are Medicaid and SNAP. To be eligible for one of these programs, such as food assistance from SNAP, a family of four would have had a gross monthly income limit of \$2,839 at 130% of the federal poverty level.¹⁴

PUBLIC ASSISTANCE PARTICIPATION AMONG IGP INDIVIDUALS

PARTICIPATION % RATES FROM CY2019 TO CY2020

■ 2019 ■ 2020



Source: Utah Department of Workforce Services

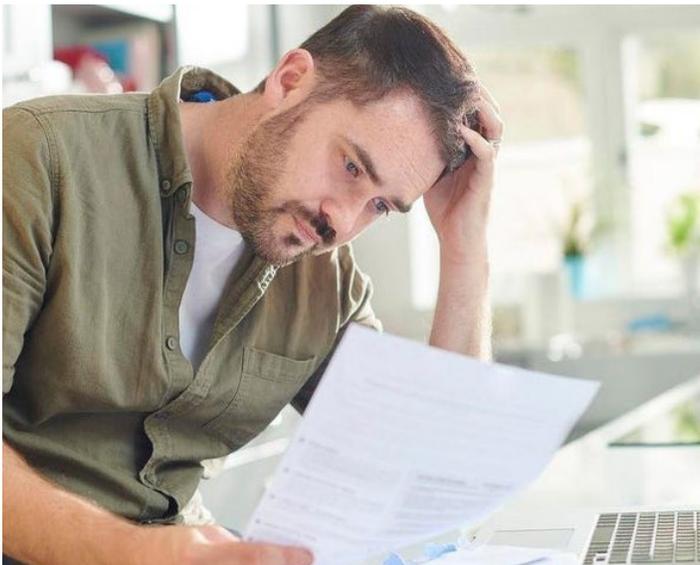
Different types of poverty experienced by adults and children (IGP & Non-IGP)

Adults: This report explores adults experiencing IGP, which are those who participated in public assistance for 12 cumulative months as a child and 12 cumulative months as an adult. The IGP adult cohort only includes individuals up to the age of 50 because of a lack of historical data on older individuals and their family's history of public assistance.

IGP adults are compared to Non-IGP adults who are experiencing situational poverty, which is usually caused by job loss, divorce, injury or death of a loved one. This allows for a comparison of demographics and outcomes among adults who are experiencing different types of poverty. It also helps create a better understanding of the similarities and differences each group may have to overcome their poverty situations.

Children: This report tracks children who are most at risk of remaining in poverty as adults. IGP children are those who have an IGP parent and are at the highest level of risk since their families are already in a cycle of poverty. IGP children have a family history where their parent and grandparent were participating in public assistance as adults. If an IGP child becomes an IGP adult, they would become the third generation in their family to participate in public assistance as an adult.

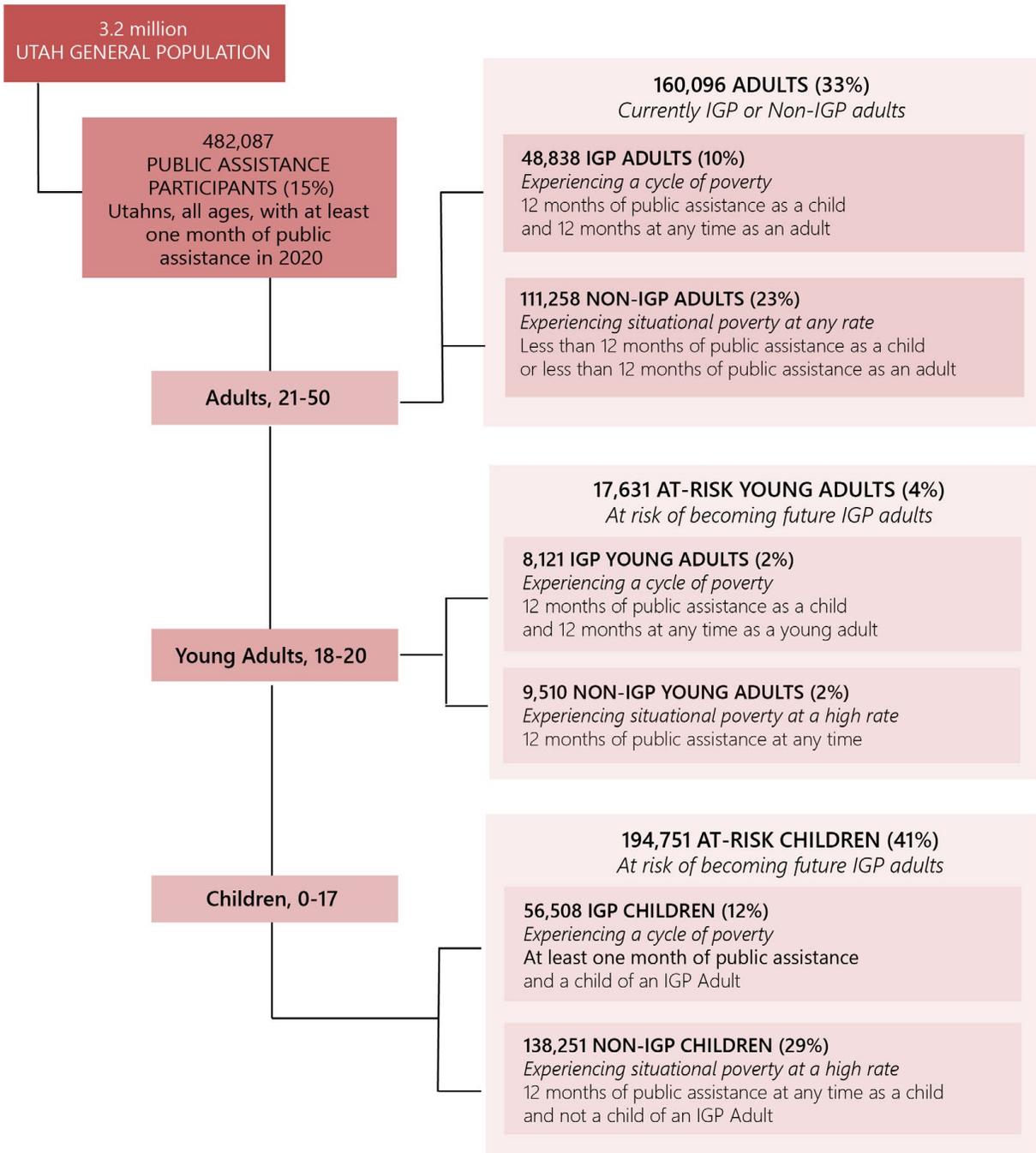
IGP children are grouped with Non-IGP children who have at least 12 months of public assistance in 2020. Although they do not have an IGP parent, Non-IGP children are also considered at risk since they are already starting to fulfill the childhood requirements of a future IGP adult, which would start their family's cycle of poverty. To learn more about data limitations of the IGP definition, view the Appendix.



OUT OF THE ENTIRE STATE
POPULATION, **4%** OF
ALL ADULTS AND **6%**
OF ALL CHILDREN IN
UTAH EXPERIENCED
INTERGENERATIONAL POVERTY
IN 2020.

DEFINITIONS OF GROUPS EXPERIENCING DIFFERENT TYPES OF POVERTY IN UTAH

COUNTS AND % OF PUBLIC ASSISTANCE PARTICIPANTS WHO ARE IGP OR NON-IGP IN CY2020



A remainder of 109,601 public assistance participants (22%) were not included in the IGP / Non-IGP groups because they were over age 50 or had too low of a participation length to be Non-IGP.

Source: Utah Department of Workforce Services

Nearly 195,000 children in Utah are at risk of remaining in poverty as adults. More than 56,000 of the children are experiencing IGP – the highest level of risk.

In total, there were 194,759 children at risk of remaining in poverty as adults in 2020. This accounts for 21% of all children in Utah, which was the same rate as in 2019. When broken down by the child's current poverty status, 56,508 were IGP children and 138,251 were Non-IGP. The state focuses many of its efforts on children in poverty since they often face difficult hardships that are outside of their control and cannot be blamed for their circumstances.¹⁵ When a supportive society helps address children's needs, it can strengthen their family and community, and put them on a path of self-sufficiency. If children and their families are left to fend for themselves, they may remain in a cycle of poverty.

21%

OF UTAH'S CHILDREN ARE
AT RISK OF REMAINING IN
POVERTY AS ADULTS.



More Utahns experienced intergenerational poverty in 2020 than in 2019.

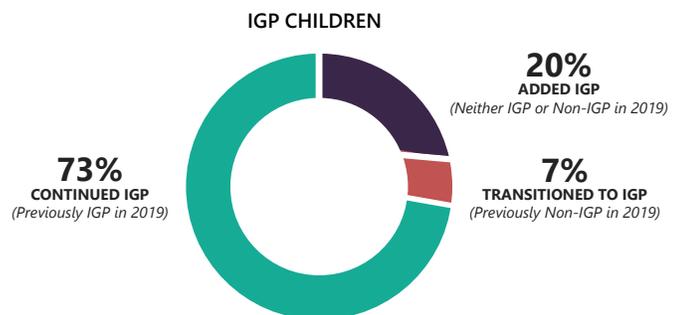
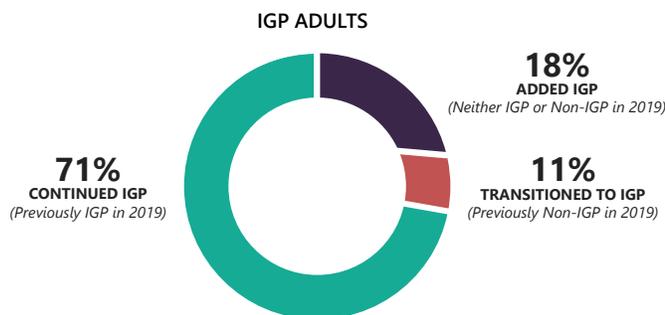
The number of IGP adults increased by 18% from 2019 to 2020. This was close to the same growth rate of overall public assistance participants, indicating that adults had the same vulnerability of entering either the IGP cohort or the general public assistance group. The share of adult public assistance participants who experienced IGP remained at 29%--same as 2019. A similar growth rate is a positive finding, however, there was still a higher count of IGP adults than seen in previous years.

As for IGP young adults, their share of young adult public assistance participants increased year-over-year from 26% to 36%, indicating young adults are experiencing IGP at a much higher rate than normal. IGP children also had large increases compared to previous years. The share of child public assistance participants who experienced IGP was 24%, which had increased by 7% from 2019 to 2020. A possible explanation for the unusual increases would be the changes with Medicaid Expansion and eligibility criteria from the pandemic, as further explained in Part V: COVID-19 and Policies.

Individuals enter and exit the IGP cohort each year, while some remain year after year. This analysis looked at only those who were in the 2020 IGP cohort and determined whether they were IGP, Non-IGP or neither in 2019. Nearly three-quarters of IGP adults and children in 2020 were found in the 2019 IGP cohort. This trend has slightly decreased compared to past years. For the remainder who had applied for benefits, but did not return in 2020, the denial reasons included failing to provide information, being over the income limit or moving out of state. Those who neither applied nor returned in 2020 were considered to have exited intergenerational poverty.

PREVIOUS STATUS OF IGP INDIVIDUALS IN THE 2020 COHORT

% of 2020 cohort segmented by past IGP or Non-IGP status



Source: Utah Department of Workforce Services



Part II: DEMOGRAPHICS

WHO IS IN THE CYCLE OF POVERTY?

EXPLORE KEY DEMOGRAPHICS AND INSIGHTS ON POVERTY REDUCTION FOR UTAHNS EXPERIENCING INTERGENERATIONAL POVERTY (IGP).



DEMOGRAPHICS OF IGP / NON-IGP ADULTS IN CY2020

CATEGORY	IGP ADULTS	NON-IGP ADULTS
GROUP SIZE	48,838	111,258
GENDER		
Male	18,468 (38%)	46,660 (42%)
Female	30,370 (62%)	64,597 (58%)
AGE		
Age 21-29	21,000 (43%)	33,642 (30%)
Age 30-39	20,925 (43%)	41,171 (37%)
Age 40-50	6,913 (14%)	36,445 (33%)
RACE		
American Indian	2,731 (6%)	2,162 (1%)
Asian	397 (0.8%)	1,513 (1%)
Black/African American	1,102 (2%)	2,065 (2%)
Other	232 (0.5%)	1,461 (1%)
Pacific Islander	346 (0.7%)	1,536 (1%)
White	27,077 (55%)	50,360 (45%)
Unknown	16,953 (35%)	52,161 (47%)
ETHNICITY		
Hispanic, Any Race	6,371 (13%)	9,885 (9%)
Non-Hispanic	42,467 (87%)	101,373 (91%)
EDUCATION LEVEL		
Less Than High School	13,032 (26%)	19,771 (17%)
High School Level	20,479 (42%)	35,098 (32%)
Postsecondary Certificate	2,353 (5%)	5,447 (5%)
College Degree	2,004 (4%)	11,445 (10%)
None or Unknown	10,970 (23%)	39,498 (36%)
OTHER CHARACTERISTICS		
Worked Year-Round	13,116 (27%)	29,727 (27%)
Enrolled in Tech College	679 (1%)	1,291 (2%)
Enrolled in College/University	1,882 (4%) †	10,916 (10%) †
Involved in Corrections	10,682 (22%)	13,159 (12%)
Likely Homeless	3,351 (7%)	4,228 (4%)
MARITAL STATUS		
Never Married	28,746 (59%)	48,407 (44%)
Married	10,492 (22%)	39,622 (36%)
Divorced	5,183 (11%)	15,045 (14%)
Separated	3,983 (8%)	6,888 (6%)
Widowed	304 (0.6%)	1,077 (1%)
Common Law	130 (0.3%)	219 (0.2%)
CHILDREN AT HOME		
0	13,936 (29%)	38,092 (34%)
1	8,590 (18%)	17,500 (16%)
2	7,893 (16%)	18,568 (17%)
3	7,141 (15%)	14,911 (13%)
4+	11,278 (23%)	22,187 (20%)

† Based on last enrollments at a private or public higher education institution from July 1, 2019 to June 30, 2021.

Sources: Utah Department of Workforce Services; Utah System of Higher Education; and Utah Department of Corrections.

Gender

THE MAJORITY OF IGP ADULTS ARE WOMEN.

In 2020, women comprised 62% of IGP adults and 56% of IGP young adults. Historically, Utah women have had higher odds of experiencing IGP compared to men.¹⁶ The gender disparity could be related to situations causing household incomes to remain low for women, therefore, keeping them in a cycle of poverty.

One-third of IGP women have a trend of working year-round, which is higher compared to IGP men (23%). An additional one-third of IGP women worked only part of the year. The rate of IGP women working in 2020 may have been influenced by the pandemic. Some women experienced a job loss or interruption from the economic shutdown, or had to leave their employment to care for children at home because of virtual schooling or child care closures.

According to a survey by the Utah Women and Leadership Project, the main reasons for Utah women leaving the workforce in 2020 included the following: 38% from employer furloughs, layoffs and closures; 16% to care for a family member not in school or child care; and 15% for COVID-19 health issues or concerns.¹⁷

Another contributor to women experiencing IGP more than men could be that women earn less than men. Utah is known to have one of the largest gender wage gaps in

the nation. Narrowing the gender wage gap would help with poverty reduction for working women and single mothers, according to the Institute for Women's Policy Research. If women received equal pay with comparable men of the same age, education level, working hours and urban/rural status, then the poverty rate of Utah's working women would decrease from 8.5% to 5.4%. The poverty rate for Utah's working single mothers would decrease from 25.2% to 15.1%.¹⁸

Race/Ethnicity

UTAH'S AMERICAN INDIANS HAVE THE HIGHEST RATES OF EXPERIENCING INTERGENERATIONAL POVERTY OUT OF ALL RACIAL GROUPS.

American Indians are disproportionately found in the IGP cohort at higher rates than the general state population.¹⁹ Out of Utah's general population, American Indian adults (16%) and children (27%) experienced the highest rates of IGP out of all racial groups. For comparison, White adults (2%) and children (2%) had the lowest rates of IGP.

Utah's American Indians have had higher odds of experiencing IGP than any other race or ethnicity, according to the Utah Data Research Center.²⁰ Studies show that American Indians are the most disadvantaged IGP racial group in areas such as the workforce, education and juvenile system. This includes having the most years with no wage earnings, lowest annual wages if working, low postsecondary GPAs and highest incidences of involvement in the juvenile justice system out of all racial and ethnic groups experiencing IGP in Utah.²¹

The disparity in poverty for American Indians is also revealed by where they live in the state. Utah has eight federally recognized sovereign tribal nations, with the majority of tribal members living in San Juan County.²² Out of all the counties in Utah, San Juan County has the highest rates of its population who are IGP adults (7%) and children at risk of remaining in poverty as adults (52%). It also has the most schools in the state with the highest rates of IGP students, as described in Part IV: Areas of Child Well-Being - Education.



DEMOGRAPHICS OF IGP / NON-IGP YOUNG ADULTS AND CHILDREN IN CY2020

ALL GROUPS ARE AT RISK OF BECOMING FUTURE IGP ADULTS

CATEGORY	IGP CHILDREN	NON-IGP CHILDREN	IGP YOUNG ADULTS	NON-IGP YOUNG ADULTS
GROUP SIZE	56,508	138,251	8,121	9,510
GENDER				
Male	29,119 (52%)	71,273 (52%)	3,554 (44%)	4,399 (46%)
Female	27,389 (48%)	66,978 (48%)	4,567 (56%)	5,111 (54%)
AGE				
Age 0-4 (Pre-K)	20,770 (37%)	33,429 (24%)	-	-
Age 5-10 (Primary)	20,356 (36%)	47,362 (34%)	-	-
Age 11-13 (Middle)	8,033 (14%)	26,026 (19%)	-	-
Age 14-17 (Secondary)	7,349 (13%)	31,434 (23%)	-	-
Age 18-20 (Post)	-	-	8,121 (100%)	9,510 (100%)
RACE				
American Indian	2,737 (5%)	2,446 (2%)	364 (5%)	330 (4%)
Asian	219 (0.4%)	1,239 (0.9%)	102 (1%)	138 (2%)
Black/African American	701 (1%)	2,519 (2%)	298 (4%)	274 (3%)
Other	288 (0.5%)	1,000 (0.7%)	27 (0.3%)	50 (0.5%)
Pacific Islander	442 (0.8%)	1,484 (1%)	85 (1%)	134 (1%)
White	14,471 (26%)	47,742 (35%)	4,569 (56%)	4,845 (51%)
Unknown	37,650 (67%)	81,821 (59%)	2,676 (33%)	3,739 (39%)
ETHNICITY				
Hispanic, Any Race	5,325 (9%)*	26,607 (19%)	1,906 (24%)	1,935 (20%)
Non-Hispanic	51,183 (91%)	111,644 (81%)	6,215 (76%)	7,575 (80%)
OTHER CHARACTERISTICS				
Involved in Corrections	-	-	52 (0.6%)	90 (0.9%)
In Juvenile Justice System**	4,285 (23%)	10,082 (15%)	-	-
Single Parent Home	25,566 (62%)	21,846 (49%)	-	-
Never Married	-	-	7,887 (97%)	9,303 (98%)
Worked Year-Round	-	-	2,458 (30%)	2,872 (30%)
Enrolled in Tech College	-	-	411 (5%)	563 (6%)
Enrolled in College/Univ.	-	-	1,834 (23%)+	2,730 (29%)+

* The low number may be due to their parents being immigrants. IGP data is not available for individuals raised outside of Utah, therefore, they and their children would not show as IGP.

** Sample size was 18,326 IGP kids and 65,509 Non-IGP kids who were ages 10-17.

+ Based on last enrollments at a private or public higher education institution from July 1, 2019 to June 30, 2021.

Sources: Utah Department of Workforce Services; Utah System of Higher Education; Utah Department of Corrections; and Utah Juvenile Justice System.



The most significant factor driving poverty for American Indians nationwide is a decline in employment opportunities, according to the Northwestern Institute for Poverty Research.²³ In Utah, employment and other economic opportunities for American Indians could rise with the new broadband internet access investments made in San Juan County in 2020, as described in Part V: COVID-19 and Policies.

One in four IGP young adults (ages 18-20) are of Hispanic descent.

Approximately 24% of IGP young adults are of Hispanic descent, which is overrepresented relative to 18% of Hispanics in the state's young adult population. One way to prepare young adults for adulthood and help break their cycle of poverty is through a postsecondary education. Nationally, Hispanic young adults in the workforce are less likely than White young adults to have graduated from a postsecondary institution. If they were to obtain a higher education and training, their income and net worth would increase. Hispanic adults with a postsecondary education earn twice the income and four times the net worth of Hispanic adults without a postsecondary education.²⁴

Rates of IGP for Hispanic children and adults were disproportionately lower than the state population's Hispanic rates. Some Hispanic adults are first-generation immigrants to Utah; therefore, they and their children do not appear as experiencing IGP due to a lack of historical childhood data. Hispanic families in a cycle of poverty could be higher if considering the parents' childhood poverty outside of Utah. This means there could be more families needing support to break their cycle of poverty even if they are not officially showing as experiencing IGP in the data.

Age Groups

THE MAJORITY OF IGP CHILDREN ARE AGE 10 OR YOUNGER.

Children from birth to 10 years of age (73%) comprised the majority age group of IGP children. The high rates of younger children could be because younger parents in general tend to participate in public assistance programs.

The largest age group includes IGP children from birth to four years of age who are in a critical period of their life for healthy development. A lack of quality early childhood development correlates with negative outcomes in adulthood.²⁵ During Pre-K and primary school years, it is important to ensure children reach academic success in language arts and math proficiency as those are predictors of positive outcomes such as high school graduation, college attainment and salary.²⁶

In addition, when a young child's family becomes self-sufficient sooner, it in turn, reduces the odds of the child being in poverty as an adult. The Utah Data Research Center found that the longer a child is receiving public assistance (SNAP, Medicaid, child care or financial assistance), the more likely they will receive it as an adult.²⁷ Programs that effectively provide a safety net for young children and their families have been



found to help lift them out of poverty and on a path of self-sufficiency. Programs that have helped young families nationwide include the Earned Income Tax Credit (EITC), Women, Infants and Children (WIC), housing subsidies and free/reduced-price school lunch.²⁸

Among IGP adults, the majority were from younger age groups.

There was an equal distribution of IGP between adults ages 21-29 and ages 30-39, (both at 43%), indicating that poverty could occur at any time in young adulthood. The rate of IGP was much lower for the older age group, ages 40-50 (14%), which may be because they are more established in the workforce, or have fewer children to take care of financially in the household at that point in life. Future research could analyze if there are different public assistance participation trends by program and age group.

Education & Employment

68% of IGP adults lack a postsecondary education, and only one in three IGP adults had year-round employment.

With such a low rate of IGP adults without a postsecondary education, it is not surprising that their employment rates are also so low. Educational attainment has a strong correlation with employment and income for individuals, with the greatest return seen among those least likely to attain a postsecondary education.²⁹ According to a study by the U.S. Census Bureau, the higher an individual's education level, the lower their participation in public assistance.³⁰

At the state level, institutions like Utah Valley University offer open enrollment, making it easier for disadvantaged, low-income students to attend college regardless of their high school GPA and ACT score. Utah also offers free tuition in its technical college system for any high school student.

According to Utah Board of Higher Education policy, courses taught exclusively to high school students are required to lead to the fulfillment of a certificate and provide competencies needed at the present time by local employers. This drives youth toward a path of employment and improved outcomes in adulthood. This could be a valuable way to gain an education and employment at an early age for students experiencing IGP.

Household Composition

62% of IGP children are raised in single-parent households.

In 2019, Utah was recognized by KIDS COUNT Data Center for having the lowest rate of single-parent households (19%) in the nation.³¹ However, for Utah's IGP population, the rate is three times higher relative to the general population. Children who live with one parent are more likely to live in poverty than those with two parents because of fewer economic resources and lower human capital.³²

Paid maternity leave is significantly associated with reducing poverty by enabling employment and parenthood for single mothers. Paid leave for both parents also reduces poverty rates, but more for two-parent households than for single parents. The United States is the only country that does not have a federal paid maternity policy for employers, while having the highest rate of poverty for single parents out of 45 countries.³³

Currently, the only leave options for new parents include up to 12 weeks of unpaid family leave, if eligible, through the federal Family and Medical Leave Act (FMLA), or to work for an employer that willingly offers paid parental leave. Although the U.S. does not have a federal policy for employers, it did pass a 12-week paid parental leave policy for its federal employees that started in October 2020.³⁴

Part III: POVERTY BY LOCATION

WHERE DO FAMILIES EXPERIENCING INTERGENERATIONAL
POVERTY LIVE IN UTAH?

INTERGENERATIONAL POVERTY IS FOUND IN
EVERY COUNTY IN UTAH



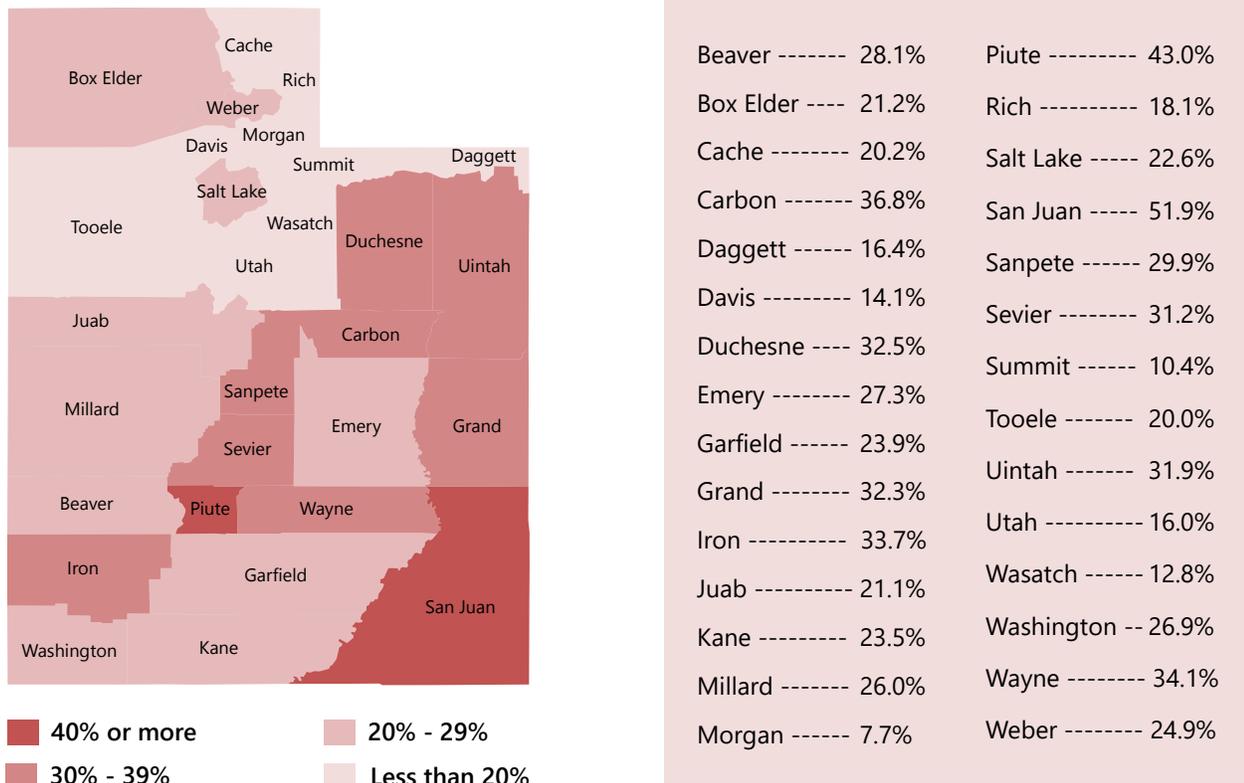
Every county has residents who are experiencing intergenerational poverty (IGP). Counties with the highest rates of their adult population experiencing IGP include San Juan (7%), Carbon (5%), Duchesne (4%), Uintah (4%) and Sevier (3%). Counties with the lowest rates were Summit, Wasatch, Morgan, Rich and Daggett counties, which each had less than 1% who were IGP adults. The top five counties with the highest rates of IGP children relative to the county's child population were San Juan (32%), Carbon (17%), Duchesne (16%), Piute (15%) and Uintah (15%). Counties with the lowest rates included Summit, Wasatch and Morgan counties, which each had less than 2% who were IGP children.

Utah children at risk of becoming IGP adults are found at various rates throughout the state

This report combines IGP children with Non-IGP children to create an overall at-risk child poverty rate. These are children who are at risk of remaining in poverty as adults. Counties with the highest rates of at-risk children relative to the county's child population were San Juan (52%), Carbon (37%), Piute (43%), Iron (34%) and Wayne (34%). Counties with the lowest rates were Summit, Wasatch and Morgan counties with 8%-13% who were at-risk children.

UTAH CHILDREN WHO ARE AT RISK OF BECOMING IGP ADULTS

% OF COUNTY'S CHILD POPULATION CONSIDERED AT-RISK CHILDREN IN CY2020



Top 15 zip codes by city with the most intergenerational poverty

Socioeconomic status can differ between cities within a county, especially in large urban counties such as Salt Lake County. To localize the issue, 15 zip codes with the highest counts of IGP individuals were analyzed to show specific areas of IGP within counties. Both IGP adults and IGP children live in similar geographic locations, including Ogden, West Valley City, Salt Lake City, Clearfield and Vernal. More zip codes from the Salt Lake City metropolitan area made it to the top for IGP adults, whereas more IGP children were found in zip codes from Magna, Cedar City and Roy.

UTAH'S ZIP CODES / CITIES WITH THE HIGHEST COUNTS OF IGP INDIVIDUALS

COUNT OF IGP ADULTS AND IGP CHILDREN IN THE 15 HIGHEST ZIP CODES IN CY2020

IGP ADULTS

Rank	Zip code	City	Count of IGP Adults
1	84404	Ogden	1,759
2	84401	Ogden	1,660
3	84119	West Valley City	1,507
4	84015	Clearfield	1,290
5	84120	West Valley City	1,209
6	84074	Tooele	1,086
7	84116	SLC (Rose Park & Fairpark)	1,074
8	84078	Vernal	1,028
9	84118	Kearns & Taylorsville	984
10	84403	Ogden	957
11	84115	South Salt Lake	943
12	84041	Layton	922
13	84123	Taylorsville & Murray	875
14	84107	Murray	872
15	84047	Midvale	851

IGP CHILDREN

Rank	Zip code	City	Count of IGP Children
1	84404	Ogden	2,151
2	84119	West Valley City	1,743
3	84015	Clearfield	1,669
4	84120	West Valley City	1,629
5	84401	Ogden	1,498
6	84078	Vernal	1,406
7	84118	Kearns & Taylorsville	1,283
8	84116	SLC (Rose Park & Fairpark)	1,237
9	84074	Tooele	1,236
10	84041	Layton	1,140
11	84044	Magna	1,035
12	84721	Cedar City	975
13	84047	Midvale	964
14	84123	Taylorsville & Murray	964
15	84067	Roy	961

Source: Utah Department of Workforce Services



PROMISING PRACTICE

The Weber Prosperity Center of Excellence's ICAN initiative helps IGP children exercise the power of self-determination and build family resilience.

Ogden has the highest counts of IGP adults and IGP children out of any city in Utah. Weber County, where Ogden is located, has taken proactive efforts to address IGP with its child-centric Integrated Community Action Now (ICAN) initiative. The goal of ICAN is to increase child self-determination by strengthening family resilience and community action. From 2018 to 2020, ICAN improved family resilience for 41 families, increasing their baseline measure from an average of 57.1 to 80.9 out of 100.

ICAN employs Resource Integration Coaches (RICs) who work directly with families to identify childhood ACES and employs a two-generational strategy to meet the needs of the parents of children experiencing IGP. Once a family moves from crisis to short-term stabilization, RICs then assist parents in skills development and implementing Counter-ACES or advantageous childhood experiences. RICs assist parents in increasing their resilience score and moving to long-term stability or economic mobility, by connecting them directly with a person in each partner agency or community resources for their unique circumstances.



The coach taps into a network of 135 partners and resources to help build social capital for the children, with an average of 40 resources provided to each family. One ICAN partnership is with Western Governors University, which offers full scholarships to any ICAN participant and resulted in six new postsecondary enrollments. ICAN also has a unique partnership with UTA to lease vehicles from their vanpools to assist participants with transportation barriers.

In October 2020, there was a COVID-19 outbreak at the Lantern House, an emergency homeless shelter in Ogden, forcing many homeless families to live in a local hotel instead. Out of those displaced families, 13 of them enrolled in ICAN for support. Upon entry, only two were employed with an average wage of \$284/month. With ICAN's help, nine families became employed with an increased average wage of \$1,506/month.

Looking ahead, ICAN has fully integrated prevention science and partnered with Trauma-Informed Utah. It is also working with Brigham Young University to develop and implement new measurement tools such as the Child Opportunity Index and Network Saturation score.

Part IV: AREAS OF CHILD WELL-BEING

WHAT INDICATORS WERE SUCCESSFUL AND WHAT NEEDS MORE FOCUS?

ANNUALLY, UTAH TRACKS FOUR AREAS OF CHILD WELL-BEING THAT INFLUENCE THE PROGRESS OF THOSE EXPERIENCING INTERGENERATIONAL POVERTY.



Every year, this report provides an update on data indicators to determine progress in four areas of child well-being for Utahns experiencing intergenerational poverty (IGP). These areas are early childhood development, education, family economic stability and health. Areas are tracked over time and were selected by the Intergenerational Welfare Reform Commission for their interconnected nature contributing to a child's well-being, and their impact on breaking the cycle of poverty.

In 2020, positive annual changes were seen in the following data indicators:

- Participation in enhanced kindergarten increased
- Expending 30% or more of income on housing decreased
- Public health insurance coverage for adults increased

Minimal to no annual changes in data indicators included the following:

- Kindergarten readiness slightly decreased
- High school graduation rate slightly increased
- Moving more than once slightly increased
- Receiving preventative health care stayed the same
- Utilized homeless services stayed the same

Negative annual changes in data indicators were seen in the following:

- Behavioral health services for children decreased
- Dental visits for children decreased
- Year-round employment decreased
- Public assistance participation of families increased



Overall, certain data indicators changed as expected with regard to the unusual circumstances of 2020, such as decreases in year-round employment due to the economic shutdown. Other data indicators saw unexpected trends, such as possible under-reporting during the pandemic lockdown for child abuse and neglect. In addition, changes in tracking school attendance due to the pandemic school closures may have affected the reported rates for chronic absenteeism. These are further explained in the child well-being summaries.

It is expected that impacts from the pandemic will continue to reveal themselves over time, such as impacts in learning as measured through language arts and math proficiency. To further limit the negative impact, Utah can focus efforts and support areas that have seen the largest changes such as employment needs, behavioral health services and substance use treatment.

For more information about each area of child well-being and the state's goals, refer to past annual reports, data dashboards and the Five- and 10-Year Plan at intergenerationalpoverty.utah.gov.

➔ Early Childhood Development

The foundation for social and economic mobility starts in early childhood, with social, behavioral and cognitive development taking place before age five.

ANNUAL KEY INDICATORS FOR EARLY CHILDHOOD DEVELOPMENT

Indicators for IGP Children	2019	2020	Annual Change
Ready for kindergarten, numeracy	56%	55%	⓪
Ready for kindergarten, literacy	35%	34%	⓪
Received prenatal care (IGP pregnant women)	92%	92%	⓪
Participated in public preschool (age 4)	27%	27%	⓪
Victim of a verified case of abuse/neglect	21%	19%	●

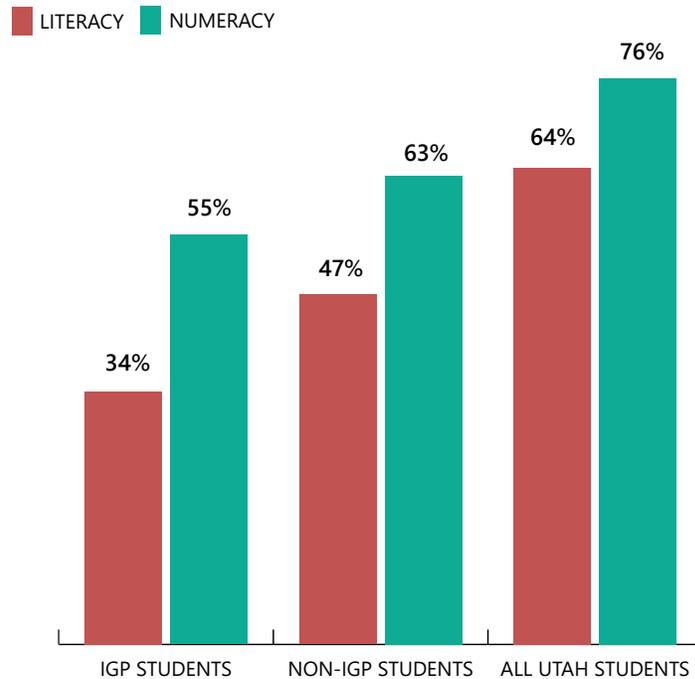
● Positive annual change; ⓪ Minimal to no annual change; ○ Negative annual change

Key Findings:

- Kindergarten readiness decreased for IGP children:** There was a minimal decrease in kindergarten readiness for IGP children in 2020. The achievement rate in literacy was lower than in numeracy, and the gap for IGP children was wider compared to all students. Unfortunately, the kindergarten exit data to determine any improvements was unavailable since there was no testing due to school closures in 2020. This indicator will be important to closely monitor in the future and see if any major changes in readiness occurred as a result of the pandemic.

KINDERGARTEN READINESS AMONG CHILDREN IN POVERTY

% OF STUDENTS WHO ACHIEVED LEVEL 3 (HIGHEST LEVEL) IN THE KINDERGARTEN ENTRY TEST IN SY2020



Source: Utah State Board of Education; Utah Department of Workforce Services

- **The majority of IGP children participated in the WIC program:** The state's Women, Infants and Children (WIC) program served 74% of IGP children, ages zero to five, for an average of 21 months in 2020. The program provides nutrition and breastfeeding services, and supplemental food to pregnant women, new mothers, infants and young children. It is a positive finding that a majority of IGP children received supplemental food and nutritional services at a critical time for healthy growth and development.
- **Cases of abuse or neglect declined for IGP children:** Overall, the number of IGP children who were victims of a verified case of abuse or neglect slightly declined in 2020, which could be a positive finding. However, this count is possibly under-reported since children were not in school, and teachers could not witness and report abuse as easily as in person.
- **Home visitation services helped IGP families:** To reduce the incidence of child abuse and neglect in young families, the state provided evidence-based home visitation services to 600 families in 10 counties throughout the state in 2020. Approximately 19% of parents and children who received home visitation services were also part of the 2020 IGP cohort.
- **Developmental delays slightly decreased for IGP infants and toddlers:** The Baby Watch Early Intervention Program (BWEIP) has a statewide network of programs that provide individualized support for infants and toddlers who have developmental delays or disabilities and their families. A total

of 836 IGP children, from birth to 36 months of age, were evaluated by BWEIP programs. Approximately 88% of IGP children who were evaluated had a medical diagnosis or moderate to severe developmental delays, which was a slight decrease from the previous year. Of the children determined eligible for services, 93% of their families chose to participate in early intervention services.



PROMISING PRACTICE

Utah's Child Care Quality System helps children receive quality care and build a foundation for a better life.

Utah began implementing the Child Care Quality System in 2019 to help parents make informed choices about child care programs and to ensure government child care subsidies were supporting quality programs. Utah's focus to improve the quality of child care services also helps better prepare children for kindergarten and life. These efforts are in line with studies showing that investments in high-quality, early childhood

programs for low-income children can provide long-term benefits. This includes increased wages, improved health and reduced crime.³⁵ These types of outcomes would especially help IGP children, who could receive a head start in life through a high-quality child care program that they might not receive at home. In 2020, approximately 16% of IGP children, ages zero to five, participated in the state's child care subsidy program and would benefit from the investments made to improve the quality of child care.



➔ Education

Positive academic outcomes during childhood typically lead to better outcomes during adulthood.

ANNUAL KEY INDICATORS FOR EDUCATION

Indicators for IGP Students	2019	2020	Annual Change
Graduated from high school	78%	79%	●
Participated in enhanced kindergarten	41%	47%	●
3rd graders proficient in language arts*	23%	N/A	N/A
8th graders proficient in math*	17%	N/A	N/A
ACT score is 18 or higher	37%	37%	●

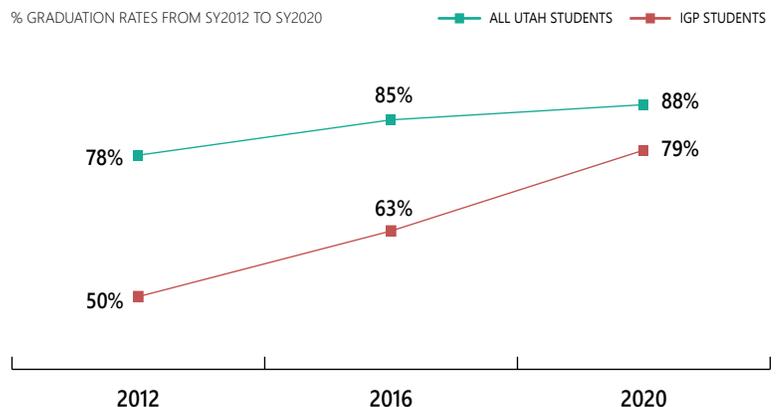
● Positive annual change; ● Minimal to no annual change; ○ Negative annual change

**Data is not available for language arts and math proficiency due to school closures from the pandemic. The 2022 IGP data will provide insight on learning impacts from school closures.*

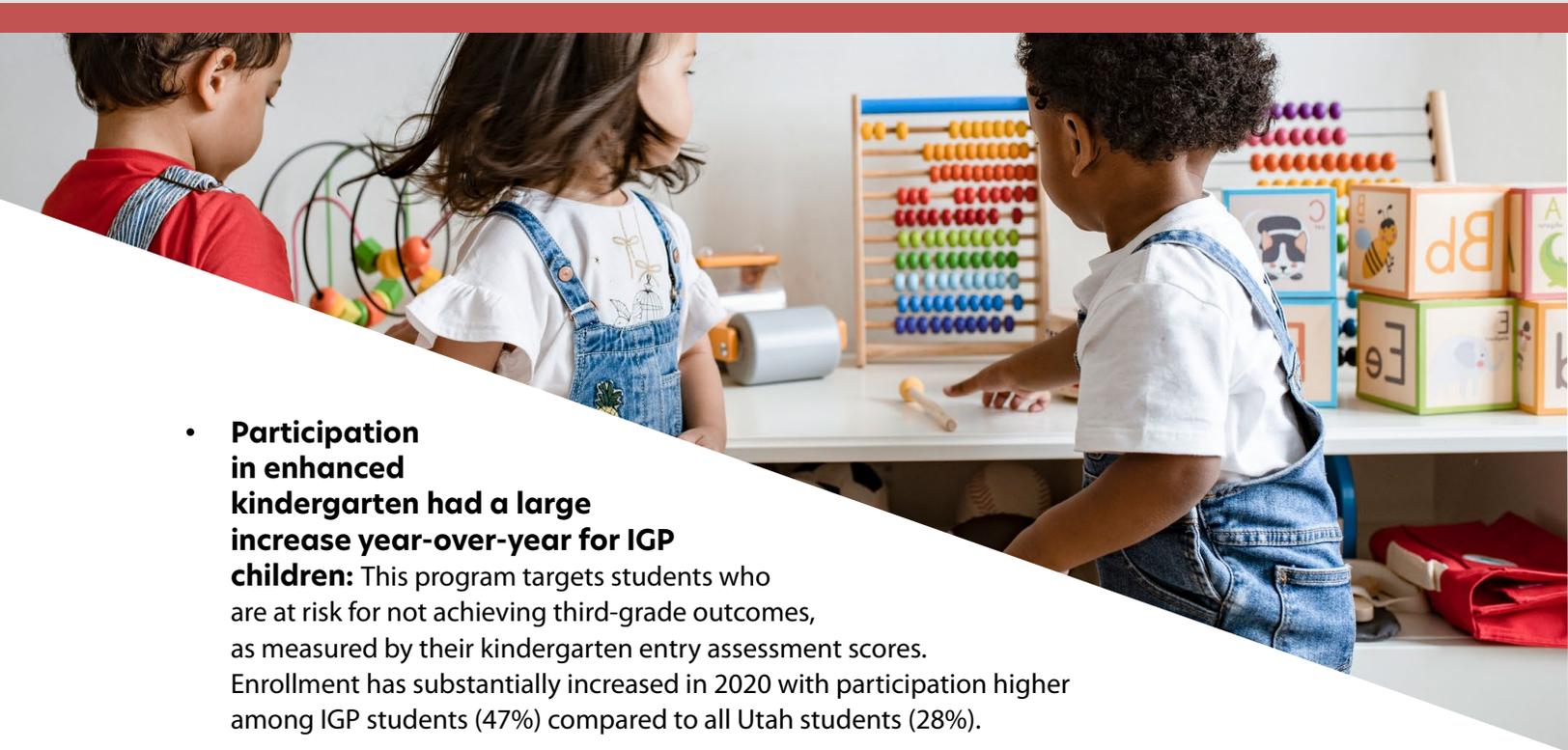
Key Findings for Primary and Secondary Education:

- High school graduation rate improved for IGP children:** The average high school graduation rate continued to improve for IGP children, increasing from 63% to 79% in the past five years. It has seen a large increase since 2012 when it used to be only 50%. Although improvements have been made over the years, IGP graduation rates continued to be below the average state high school graduation rate of 88% in 2020.

GRADUATION RATES IMPROVED FOR IGP STUDENTS SINCE 2012



Source: Utah State Board of Education; Utah Department of Workforce Services



- **Participation in enhanced kindergarten had a large increase year-over-year for IGP children:** This program targets students who are at risk for not achieving third-grade outcomes, as measured by their kindergarten entry assessment scores. Enrollment has substantially increased in 2020 with participation higher among IGP students (47%) compared to all Utah students (28%).
- **Chronic absenteeism rate of IGP children had a large decrease year-over-year in 2020:** Students who are chronically absent from school are defined as missing 10% or more of the school year and are at a greater risk for academic failure. The large decrease in chronic absenteeism rate could be due to a change in Board Rule on how LEAs reported attendance during the pandemic. There could also have been cases where IGP children were able to attend school more easily from home without needing to rely on parents to take them to school, or dealing with other transportation issues. Although the chronic absenteeism rate dropped to 24% for IGP students, it remained high compared to all Utah students (10%).
- **ACT scores remained the same for IGP children:** An ACT score of 18 or higher is an indicator of whether a student goes on to postsecondary education since it is usually the minimum score required to qualify for college admission. Only 37% of IGP children had an ACT score of 18 or higher, compared to 64% of all Utah students. This may contribute to the low enrollment in postsecondary education and training among IGP students who complete high school.

Although the 2020 ACT score rate remained the same from 2019, it may not indicate the pandemic's impact on students' ability to take the test and their performance. The majority of ACT scores for the 2020 graduating class are from their 11th grade administration of the test in the 2019 school year. There will be a better understanding of the larger impact of the pandemic's school closures on learning and test results for the 2021 IGP cohort.

- **Half of the schools with the highest rates of students experiencing IGP were in the San Juan District:** Bluff School in San Juan District rose as the school with the highest rate of students experiencing IGP (48%) in 2020. It moved up three spots from the previous year (37%). The Children Behavior Therapy Unit and Navajo Mountain High were new to the list and had previously lower IGP student rates in 2019. The remaining schools on the list had also seen similarly high rates of IGP students in 2019.

UTAH'S SCHOOLS WITH THE HIGHEST RATES OF IGP STUDENTS

% OF STUDENTS WHO EXPERIENCE IGP WITHIN EACH SCHOOL IN SY2020

1.	San Juan District	Bluff School	47.8%
2.	San Juan District	Tse'Bii'Nidzsigai School	46.3%
3.	San Juan District	Montezuma Creek School	42.2%
4.	San Juan District	Whitehorse High	39.1%
5.	Jordan District	South Valley School	34.8%
6.	Washington District	Post HS Self-Cont	34.1%
7.	Granite District	Granite Technical Institute	30.5%
8.	Wayne District	Hanksville School	30-39%*
9.	Salt Lake District	Children Behavior Therapy Unit	30-39%*
10.	San Juan District	Navajo Mountain High	30-39%*

*% range provided to obfuscate identities due to a small student population.

Source: Utah State Board of Education; Utah Department of Workforce Services



PARTNER RESEARCH SPOTLIGHT

UTAH STATE BOARD OF EDUCATION

What are the relationships between student poverty status, behavioral incidents and exclusionary disciplines?

The primary purpose of this study was to determine the extent to which students affected by IGP receive infractions (incidents) and experience exclusionary disciplines (suspensions and expulsions), relative to other student groups. To do so, this study examined incident and discipline rates, calculated the number of lost days of instruction per 100 students, and



conducted an analysis of the disciplines received by students affected by IGP and similar peers.

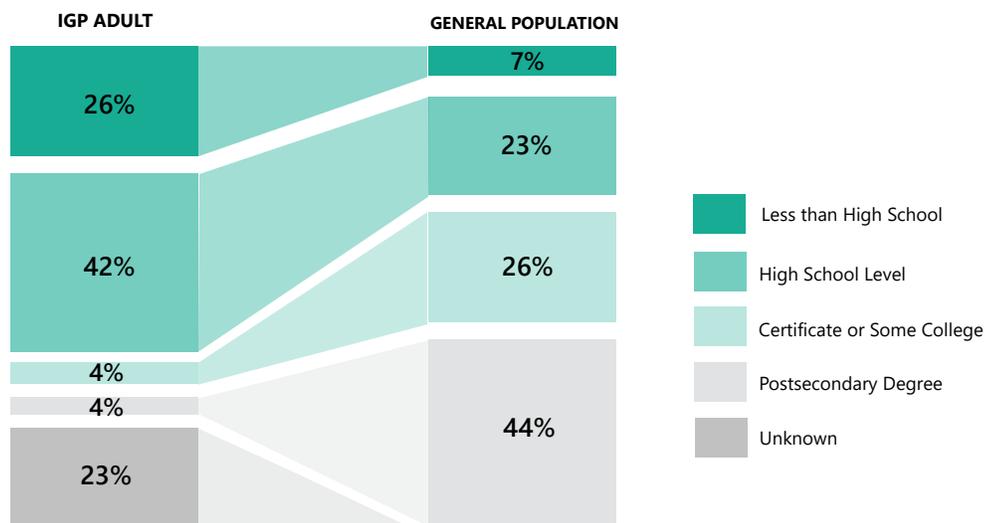
Results: Results suggest that students affected by IGP have higher discipline rates than other student groups and were 1.75 times more likely to receive an exclusionary discipline than similar peers. Policy considerations include professional learning opportunities, revisiting related policies and their implementations, the importance of data quality and the use of specific metrics for ongoing monitoring.

Obtaining an education beyond high school can help establish a career with sufficient wages to meet the basic needs of a family.

Key Findings for Postsecondary Education:

IGP ADULTS ARE DISPROPORTIONATELY LOWER EDUCATED THAN THE STATE'S AVERAGE

DISTRIBUTION OF EDUCATION LEVELS AMONG IGP ADULTS (CY2020) AND UTAH'S GENERAL POPULATION (CY2019)



Source: Utah Department of Workforce Services; U.S. Census Bureau ACS 1-Year Estimates 2019

- The majority of IGP adults lack a postsecondary education:** In 2020, 68% of IGP adults did not have an education beyond high school. Educational attainment has a strong correlation with employment and income outcomes for individuals.³⁶ In addition, the higher an individual's education level, the lower their participation in public assistance.³⁷ There were 23% of IGP adults with an unknown education level. This is because the data comes from self-reported information from individuals participating in public assistance, and they may have chosen to not answer about their education level.
- Only 5% of IGP adults were enrolled in a postsecondary institution:** Utah Valley University, Salt Lake Community College and Weber State University had the most IGP adults enrolled in their institutions out of all public and private institutions.
- IGP adults who recently graduated mostly received a bachelor's or associate degree.** A total of 602 IGP adults and 101 IGP young adults graduated with a degree or certificate from a postsecondary institution from July 2019 to June 2021. Utah Valley University had the most IGP adults who graduated with a bachelor's degree, followed by Utah State University. Salt Lake Community College had the most IGP adults who graduated with an associate degree, followed by Utah Valley University.



PROMISING PRACTICE

IGP students at Tooele Technical College have the highest odds of graduation out of all technical colleges.

A study by the Utah System of Higher Education found that IGP students attending Tooele Technical College had the highest odds of graduating with a certificate compared to all the state's technical colleges.³⁸

Tooele believes what sets them apart is their smaller institution, which provides a more personal experience for students from advising, enrollment, instruction and celebrating program completions. Along with other state technical colleges, Tooele also offers a variety of assistance to low-income students such as food pantry items, free bus passes and financial

aid opportunities. All technical colleges also provide free tuition to any high school student who wants to work on postsecondary studies.

Another unique offering by all the state technical colleges is their flexible enrollment and scheduling for training. Most programs allow students to begin their training any day of the week, and any week of the year they are open. They can also design their schedule based on personal needs and can change it as needed to accommodate work schedules or emergencies. This allows students access to training that traditional semester-based programming does not provide with rigid scheduling options. The flexibility helps students succeed at their own pace.



➔ Family Economic Stability

The economic health of a household can positively affect children if they grow and develop in a stable home that is free from financial distress.

ANNUAL KEY INDICATORS FOR FAMILY ECONOMIC STABILITY

Indicators for IGP individuals	2019	2020	Annual Change
Received public assistance (family)	20%	23%	○
Participated in year-round employment (adults)	30%	27%	○
Expended more than 30% of income on housing (adults)	48%	45%	●
Utilized homeless services (children)	1%	1%	◐
Moved at least once in 12 months (children)	34%	35%	◐
Enrolled in SNAP (children)	88%	84%	*

● Positive annual change; ◐ Minimal to no annual change; ○ Negative annual change

**This indicator is neutral since the data does not indicate if children are not enrolled because their family can self-sufficiently provide food, or if it is because they are not eligible for SNAP, but are still experiencing food insecurity.*

Key Findings:

- Fewer IGP adults were employed year-round and more families needed public assistance in 2020 compared to the previous year's cohort:** These findings were to be expected considering the pandemic caused more individuals to lose their jobs and need public assistance. In 2020, 42% of IGP adults had no recorded employment at any time in the year, while 27% had year-round employment. When looking at employment by gender, IGP women had the highest rate of year-round employment (30%) compared to IGP men (23%) in 2020. This was also the trend in the previous year without the pandemic, but with higher employment rates of 32% for IGP women and 26% for IGP men who worked year-round in 2019.

EMPLOYMENT RATES BY GENDER AND IGP / NON-IGP GROUPS

% OF GROUP EMPLOYED IN THE INDICATED LENGTH IN CY2020

HIGHEST GROUP IN EMPLOYED CATEGORY    LOWEST GROUP IN EMPLOYED CATEGORY



Source: Utah Department of Workforce Services

- Wages increased from 2019, but were lower than the federal poverty guidelines:** The average annual wages for IGP adults who worked in 2020 was \$12,420, which was slightly more than \$12,088 in the previous year. Although there was an increase, the average annual wages of IGP adults remained lower than the federal poverty guidelines for any household size in 2020. When broken down by gender, IGP men had a higher average wage of \$13,334, which was above the federal poverty guidelines if they were in a single-person household. In comparison, IGP women were worse off with a lower average wage of \$11,904. This was 7% below the lowest federal poverty guideline level of a single-person household.

AVERAGE WAGE OF IGP ADULTS IS BELOW THE FEDERAL POVERTY LEVEL (FPL) GUIDELINES

\$ BY HOUSEHOLD SIZE FOR FPL GUIDELINES COMPARED TO AVERAGE IGP WAGE & HOUSEHOLD SIZE IN CY2020



Source: U.S. Department of Health & Human Services; Utah Department of Workforce Services

- **More IGP adults spent less than 30% of their income on housing:** A standard recommendation is to not spend more than 30% of one's income on housing. Surprisingly, more IGP adults were able to afford paying 30% or less of their income on housing in 2020. This could be due to regular and pandemic unemployment insurance benefits adding enough income to allow them to afford more of their basic needs such as housing costs. Other stimulus checks may have also helped, but are not included as income in this indicator.
- **Homeless services for IGP children remained at 1%, while mobility slightly increased to 35%:** Fortunately, a large majority of IGP children were not using homeless services. This percentage remained low at 1% from 2019 to 2020. As for IGP children who have housing, but moved at least once--indicating some housing instability--their mobility rate slightly increased over the year.



PROMISING PRACTICE

Arrive Utah's Circles Initiative provides wraparound services to build economic stability for low-income families.

The Circles Initiative, led by Arrive Utah, is dedicated to helping families in poverty gain a living wage and economic stability. It currently serves 102 families, with half experiencing IGP, and are from six counties: Carbon, Davis, Salt Lake, Utah, Washington and Weber.

The Circles Initiative brings cohorts of families into a wraparound community of paid staff, community leaders, service providers, educational and workforce partners and community volunteers. Circles staff help families navigate and link to services, assistance and education resources; provide a platform for them to share their voices

and stories with policymakers and community leaders; and expand their social and peer networks. During the pandemic, the Circles Initiative adapted their weekly in-person meetings to online Zoom meetings, and ensured families had access to the internet and technical devices.

In 2020, 13 families graduated from the program by successfully making an income above 200% of the federal poverty level. One of the families was a single mother with two children. She was going through an abusive divorce and struggled without a social network. When she joined Circles in 2018, she was working part time and could not make ends meet. She actively attended and engaged in Circles and gained the confidence to ask her employer to be promoted to a full-time employee. In March 2021, she reached an income that was at least 200% of the federal poverty level and graduated from Circles. She also received a promotion and achieved her lifelong goal of purchasing a home.

➔ Health

Good health helps parents maintain employment and care for their family, and helps children consistently attend school and not fall behind their peers.

ANNUAL KEY INDICATORS FOR HEALTH

Indicators for IGP Individuals	2019	2020	Annual Change
Covered by public health insurance (children)	95%	94%	●
Covered by public health insurance (adults)	82%	86%	●
Received preventive health care (children)	45%	45%	●
Received preventive health care (adults)	4%	4%	●
Received annual dental care (children)	48%	45%	○
Received behavioral health services (Age 10-14)	67%	60%	○
Received behavioral health services (Age 15-18)	57%	53%	○
Received behavioral health services (adults)	45%	48%	●
Received substance use disorder treatment (adults)	34%	43%	●

● Positive annual change; ● Minimal to no annual change; ○ Negative annual change

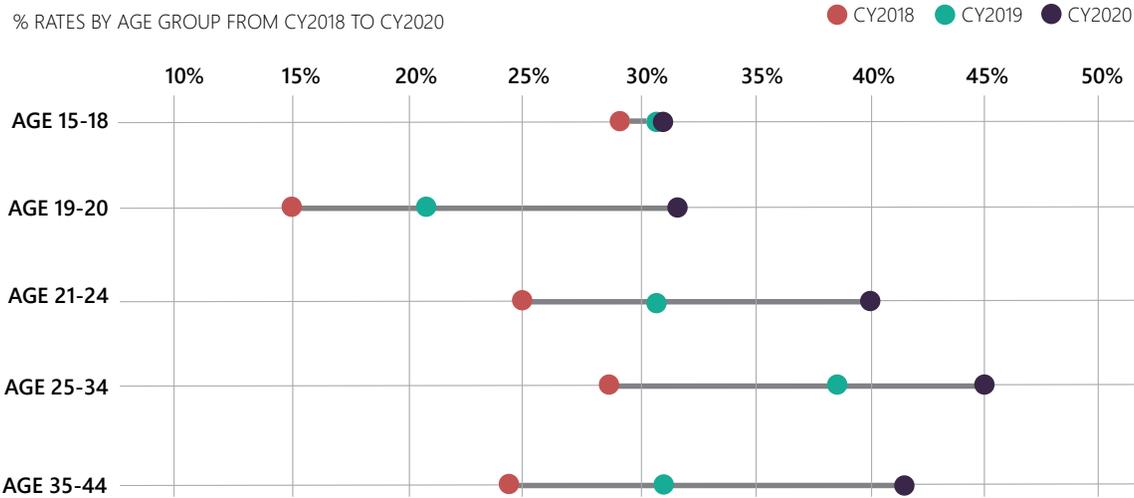


Key Findings:

- **More IGP adults received public health insurance in 2020:** This rate increase is most likely from enrollees who are part of Medicaid Expansion that began in January 2020, and could be from general Medicaid eligibility flexibility allowed during the pandemic. Medicaid Expansion helped cover adults who previously fell into a coverage gap of not qualifying for public health insurance, and not having it covered elsewhere. Typically, adults who did not have children or dependents fell into the coverage gap. Medicaid now covers adults up to 138% of the federal poverty level, which allows for more IGP adults to access public health care insurance.
- **Fewer IGP children received dental care in 2020:** This may have decreased due to parents not taking their children to a dental office during the pandemic to limit their exposure to COVID-19. Ensuring in the future that IGP children return to regularly visiting the dentist will help with their well-being. With regular cleanings, children can continue going to school and avoid interruptions from expensive dental illnesses.
- **Behavioral health services decreased for IGP children:** Behavioral health services help improve the well-being of children by addressing issues such as anxiety or depression, ADHD, disruptive behavior disorder or Tourette syndrome. With fewer IGP children participating in these services, more may end up with a delay in diagnosis and treatment and are at risk of ongoing behavioral health issues. The decrease in participation might have been from the pandemic school closures if IGP children were only accessing behavioral health-based services in person at school.
- **More IGP adults received behavioral health services and substance use treatment:** The rates of participation in these services increased steadily over the past few years, but even more so in 2020. Behavioral health services and substance use treatment increasing for adults could be seen as either positive or negative findings. It is positive that more IGP adults were able to access these health services. However, it may negatively indicate that the pandemic spurred an increase of more IGP adults experiencing stress and ongoing uncertainty from COVID-19. Nationally, 13% of adults reported starting or increasing substance use to cope with stress from the pandemic.³⁹ This increase may have been the reason why more people were seeking treatment. Future research could look at a baseline of substance use diagnosis with or without treatment to determine if an increase in services is related to higher incidences of reported use.



TREATMENT FOR SUBSTANCE USE INCREASED FOR ALL IGP AGE GROUPS



Source: Utah Department of Workforce Services; Utah Department of Health



PARTNER RESEARCH SPOTLIGHT

UTAH DEPARTMENT OF HUMAN SERVICES (DHS)

What DHS divisions and services tend to introduce IGP children to the service system, and what are their service outcomes?

In a previous report, DHS found that clients ages 10-17 who were experiencing IGP were more likely to have service needs addressed by more than one participating DHS division. The new 2021 study builds upon the previous research by expanding the sample group to clients who were IGP children over the age of one, and comparing them to clients who were children of other poverty. Researchers also analyzed what services they received, when they received them and which services preceded others.

Results: Results show broader and lengthier involvement with DHS divisions for IGP children than for children of other poverty. IGP children had the following results:

- Experienced higher rates for services with every division except the Division of Services for People with Disabilities (DSPD).
- Had higher rates for receiving services from two to three divisions in DHS over the course of their lives.
- Overrepresented at every intersection of division services except in DSPD.
- Received DHS services that were disproportionately likely to be introduced through the Division of Child and Family Services.



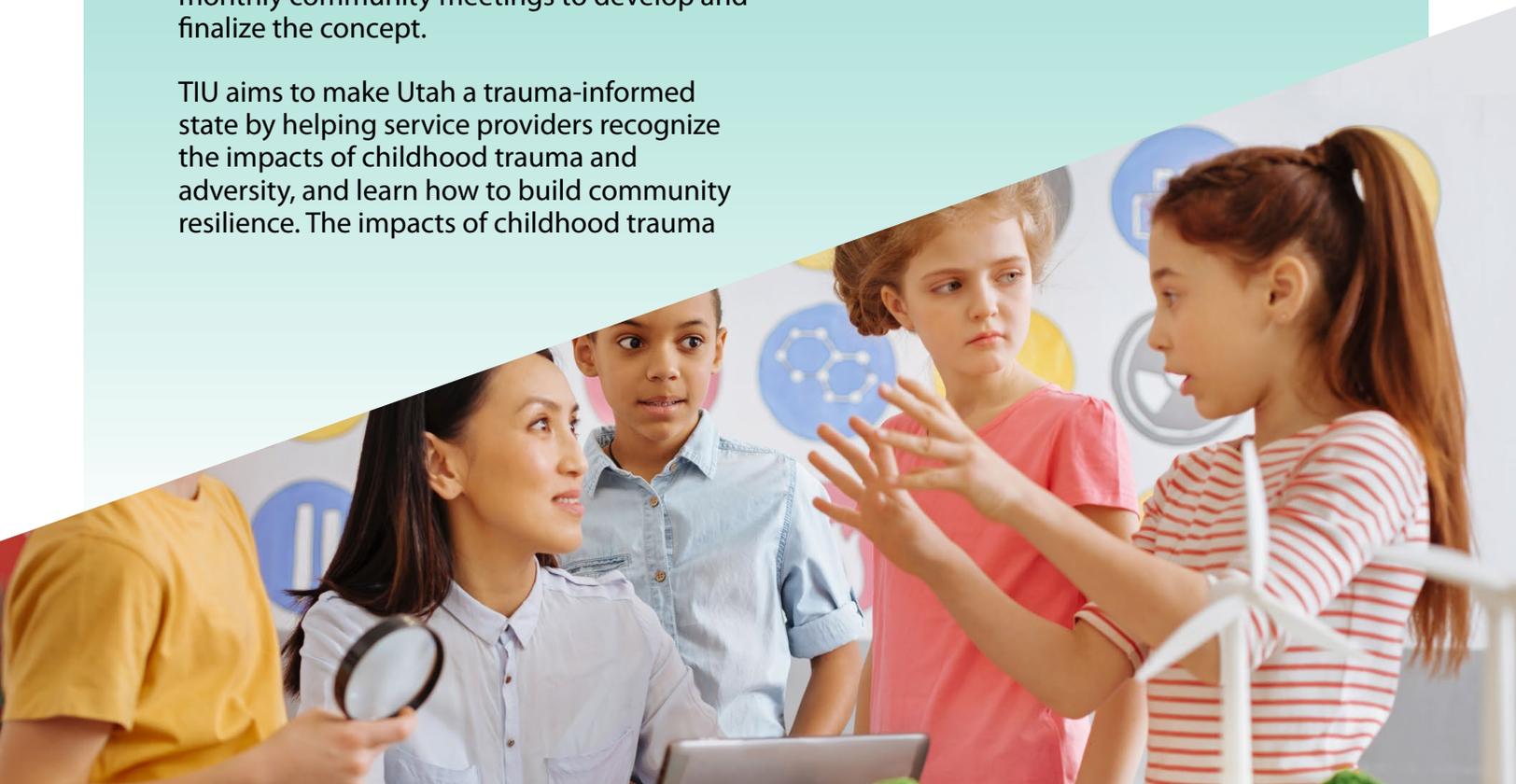
PROMISING PRACTICE

Trauma-Informed Utah aims to educate organizations on reducing adversity / toxic stress and increasing community resilience.

Trauma-Informed Utah (TIU, formerly known as Resilient Utah) was first established in 2016 and supported by the Intergenerational Welfare Reform Commission. Since then, it has conducted a statewide needs assessment with the Utah Department of Health and presented a new concept of a TIU Center. By 2020, TIU began the 501(c)(3) application process, established an interim board, and began monthly community meetings to develop and finalize the concept.

TIU aims to make Utah a trauma-informed state by helping service providers recognize the impacts of childhood trauma and adversity, and learn how to build community resilience. The impacts of childhood trauma

include altered brain development, physical health issues, hindered adulthood and decreased self-regulation. To address these challenges, TIU shares resources for paths to recovery including positive childhood experiences, positive adult relationships, building social capital and social determinants of health.





Part V: Covid-19 & Policies

WHAT IMPACTED UTAHNS EXPERIENCING INTERGENERATIONAL POVERTY IN 2020?



THE COVID-19 PANDEMIC IMPACTED THE LIVELIHOODS OF EVERYONE, INCLUDING THOSE EXPERIENCING INTERGENERATIONAL POVERTY.

The profound hardships and unexpected challenges from job loss, business closures, virtual schooling and health concerns were widespread for every Utahn in 2020. However, it may have been exacerbated for those who were already dealing with day-to-day hardships and stress, such as those experiencing intergenerational poverty (IGP).⁴⁰ Below are new data indicators collected through the collaboration of state government partners to better understand how COVID-19 affected those experiencing IGP. This includes domestic violence-related child abuse, school enrollment, learning delivery models, broadband internet access, job loss and unemployment insurance claims and COVID-19 health indicators.

➔ Early Childhood Development

25% of child protective services cases for IGP children included domestic violence-related child abuse in 2020.

At the beginning of the pandemic, city police departments reported an increase in adult domestic violence calls in the general population.⁴¹ They attributed the rise to the added stress of COVID-19, isolation at home and prolonged court processes.⁴² For the IGP population, the share of state-reported child protective services cases that included domestic violence-related child abuse had slightly increased year-over-year from 22% to 25% in 2020. Domestic violence-related child abuse is when a child witnesses domestic abuse. Although domestic violence-related child abuse did not climb dramatically, there was still some increase, and there may have been some under-reported abuse with fewer witnesses able to see and report it during the pandemic lockdown.

➔ Education

6% of “missing students” were IGP children who were expected to return in the 2020-21 school year but did not.

“Missing students” are K-12 students who were enrolled in School Year (SY) 2020 and expected to return in the fall of SY2021, but did not. LEAs try to find out what happened, but if they are unable to reach the parents and determine the reason, then the student’s whereabouts and status remain unknown. Possible reasons for a student not returning could be an unreported transfer to homeschool, private school, a school outside of the state, medical reasons or dropouts. The overall count of missing students statewide was 11,920, which included 668 who were IGP children. This increased by 19% from SY2020 to SY2021. This could have been related to the pandemic, considering that the count had been decreasing for several years prior to SY2020. This rising rate is an indicator of more students experiencing a major change or disruption in learning than in past years. By cohort, there were slightly higher percentages of IGP (2.2%) and Non-IGP (2.0%) compared to all other students (1.4%), who did not return to school.

Hybrid learning was the most common model for schools. However, the rate of virtual-only learning was three times higher in schools with high rates of IGP.

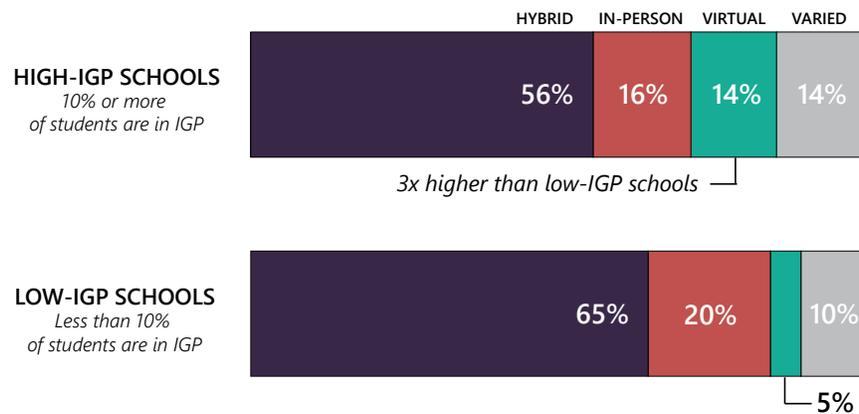
Learning delivery models varied across schools when the school year began in August 2020. Schools were offering either hybrid, in-person only or virtual-only learning models. Some schools stayed with the same

learning model through December 2020, while some changed each month depending on the COVID-19 health situation at the school.

Out of schools with high rates of IGP students, 56% were hybrid, 16% were in-person only and 14% were virtual-only from August to December 2020. In comparison, schools with low rates of IGP students had higher percentages that were hybrid (65%) or in-person only (20%), and lower percentages that were virtual only (5%). Future research could analyze the correlation between different learning delivery models and their impact on academic achievement and test scores among IGP students.

LEARNING DELIVERY MODELS AT SCHOOLS DURING THE PANDEMIC

% OF MAIN LEARNING DELIVERY MODELS BY SCHOOLS WITH IGP (AUGUST TO DECEMBER 2020)



Source: Utah State Board of Education; Utah Department of Workforce Services

The digital divide manifested itself during the pandemic lockdown with low-income families lacking internet access to learn or work from home.

With public health orders encouraging Utahns to “stay safe, stay home,” it meant that many had to complete their schooling or job from home during most of 2020. This revealed a large digital divide for low-income families who did not have internet access at home. Those who had relied on public buildings for free internet access, such as schools and libraries, no longer had access during the lockdown. Other barriers to internet access included poor infrastructure, subscription cost, device access and digital literacy.⁴³

Counties with the most households without a broadband subscription for internet access were San Juan (47%), Piute (30%), Rich (22%), Wayne (20%) and Beaver (20%). Three of these counties--San Juan, Piute and Wayne—were also the top counties with the most children at risk of remaining in poverty as adults. The Utah State Board of Education projected that 34,500 students, some of who were likely experiencing IGP, needed broadband services in SY2021.⁴⁴



IN MARCH 2020, UTAH'S
UNEMPLOYMENT RATE
INCREASED HISTORICALLY IN
ONE MONTH FROM 2.5% TO
10.1% IN APRIL 2020.

In 2020, an effort that provided the most internet access support for the IGP population was the building of broadband infrastructure in the San Juan School District. San Juan County had the highest need for students to receive equitable access to the learning curriculum,⁴⁵ and it also had the highest rates of IGP for adults and children. This type of broadband investment not only created access to remote learning for 500 households, but also opened the door for improving the economic health of the area, as studies have shown that broadband adoption is associated with increases in median household income and employers in the area over time.⁴⁶

➔ Family Economic Stability

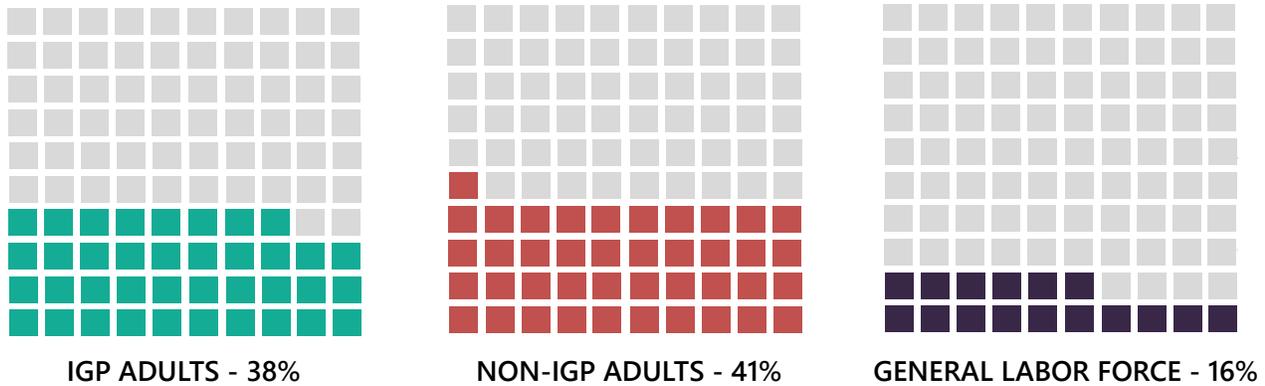
Two out of five employed IGP adults experienced a job loss or interruption in 2020.

In March 2020, Utah's unemployment rate increased historically in one month from 2.5% to 10.1% in April 2020, according to the state's monthly employment report based on a Bureau of Labor Statistics survey.⁴⁷ For employed IGP adults, 38% experienced a job loss or interruption at some point in 2020, according to wage and claim records from the state's Unemployment Insurance program. This is defined by the number of IGP adults who were working in quarter one of 2020 and filed an unemployment insurance claim at least once during the calendar year.

This rate was more than twice as high as Utah's general labor force (16%). This indicates that the impact of the pandemic on Utah's labor force affected workers experiencing IGP much more than the average Utah worker. Meanwhile, 41% of employed Non-IGP adults experienced a job loss or interruption, which was slightly higher than employed IGP adults. This is not surprising since individuals who are defined as Non-IGP are those experiencing situational poverty from temporary events such as a job loss.

UNEMPLOYMENT TRENDS BY POVERTY GROUP DURING THE PANDEMIC IN 2020

% OF EMPLOYED ADULTS BY POVERTY GROUP WHO EXPERIENCED A JOB LOSS OR INTERRUPTION IN CY2020



Source: Utah Department of Workforce Services

Many IGP adults worked in high social contact industries such as retail, food, accommodation and administrative services, which were some of the hardest-hit industries during the pandemic. The majority of employed IGP adults who filed an unemployment insurance claim in 2020 were in the following industries, which was similar to the general labor force: Administrative, Support, Waste Management and Remediation Services (20%); Accommodation and Food Services (19%); Retail (13%); Health Care and Social Assistance (9%); and Manufacturing (6%). In terms of location, IGP adults from all counties experienced a job loss or interruption, with the majority from the same large urban counties as the general labor force: Salt Lake, Weber, Utah and Davis. As for gender, employed IGP women (40%) experienced higher incidences of job losses or interruptions than employed IGP men (35%) in 2020.

If more IGP adults had been able to work from home, there may have been fewer interruptions in employment. Teleworking during the pandemic was found to be the norm for those with higher levels of education.⁴⁸ Since the majority of IGP adults did not have an education beyond high school, they were less likely to be in a job that allowed teleworking during the pandemic. Higher education might have allowed more job opportunities for IGP adults to telework instead of becoming unemployed, and at the same time, reduce their risk of exposure to COVID-19 by not working in person.





PARTNER RESEARCH SPOTLIGHT

UTAH DEPARTMENT OF WORKFORCE SERVICES | UTAH DATA RESEARCH CENTER

What were the impacts of the COVID-19 recession on the 2019 IGP cohort?

The objective of this research was to understand how COVID-19 impacted wages and workforce attachment of IGP adults compared to adults experiencing situational poverty. Changes in wages and workforce attachment from 2019 were quantified to 2021 for the 2019 IGP cohort and the comparison group. Using a linear regression, significant differences were analyzed in wage changes between the groups, while controlling for demographics (race, age, gender and education level).



Results: Adults experiencing IGP had similar wage losses and reduction in workforce attachment compared to adults experiencing situational poverty during the COVID-19 recession in 2020. Out of those experiencing IGP, certain demographic groups were more likely to be impacted than others, including men, older workers and those with less than a high school education.

➔ Health

The IGP population experienced higher COVID-19 case rates than the general population, while having lower rates of hospitalizations and deaths.

Compared to the national and state general populations, the IGP population experienced higher COVID-19 case rates, while experiencing lower hospitalizations, deaths and case fatality rates.

Approximately 10% of the IGP population tested positive for COVID-19 as compared with the general rate in Utah (9%) and the U.S. (6%). When broken down by adults and children, 14% of IGP adults and 5% of IGP children tested positive for COVID-19 in 2020.

Out of all the hospitalizations with COVID-19 as the primary reason, only 0.6% of Utah adults and 0.04% of Utah children were experiencing IGP. As for statewide deaths, 1.5% of Utah adults and 0% Utah children were

experiencing IGP. The low hospitalizations and deaths were positive findings for the IGP population. When compared to the Non-IGP population, they had similar rates in COVID-19 cases, hospitalizations, case fatalities and deaths.

Rates by Population	U.S.	Utah	IGP (All)	Non-IGP (All)
COVID-19 Cases	6.16%	8.61%	9.64%	10.15%
Hospitalizations	4.53%	4.17%	3.43%	3.38%
Case Fatalities	1.89%	0.61%	0.25%	0.28%
Deaths	0.12%	0.05%	0.02%	0.03%
Average Charge for Hospitalization	-	\$62,300	\$43,516	\$48,287
Median Charge for Hospitalization	-	-	\$21,530	\$22,081



PARTNER RESEARCH SPOTLIGHT

UTAH DEPARTMENT OF HEALTH

What were the impacts of COVID-19 on the IGP population in terms of cases, hospitalizations and deaths?

This study explored the disparity of COVID-19 incidence, hospitalization and mortality rates among the IGP population compared to the Non-IGP and general populations. It also identified the total charges of hospitalization due to COVID-19 by each group. An increased understanding of the COVID-19 incidence and mortality rate among poverty groups will help establish interventions or programs that prevent adverse levels of health outcomes.

Results: Demographic, socioeconomic, behavioral and healthcare inequalities were more likely to be associated with higher rates of COVID-19.

- **IGP COVID-19 Positive Cases:** IGP females, Blacks, Pacific Islanders, Hispanics and American Indians had higher COVID-19 positive cases than the general population.
- **IGP Hospitalizations:** IGP females, American Indians, Blacks, other races, Hispanics, those who have never married, and those receiving Medicaid had higher rates of hospitalization for COVID-19 than the general population.
- **IGP Fatality Rates:** IGP females and American Indians had a higher fatality rate due to COVID-19 than the general population.
- **IGP Hospitalization Charges:** The total charges for hospitalization where COVID-19 was the primary reason for the IGP cohort was on average \$43,516. The median charge was \$21,530. This was lower than the average state hospitalization charge of \$62,300.

In 2020, several federal and state policies changed the eligibility of public assistance programs that serve the IGP population.

2020 State Policy Changes

Medicaid Expansion increased eligibility for more Utahns, which contributed to more Utahns being defined as IGP adults in 2020.

In 2020, Utah implemented Medicaid Expansion to extend eligibility to all low-income adults who were under 138% federal poverty level, regardless of whether or not they had children.⁴⁹ This helped provide coverage for adults who did not have children, working parents and caretakers. During the first year of expansion, one in three IGP adults (35%) enrolled in the public health insurance program. Nearly half of the new enrollees who were defined as IGP in the 2020 cohort, were not found in the 2019 cohort. Enrollment in Medicaid Expansion was also common among Non-IGP adults, with 41% who had enrolled in 2020. Substantial enrollment rates from IGP and Non-IGP adults indicate many low-income individuals did not previously qualify for Medicaid, but needed health insurance. They may have gone without any coverage before 2020. Increases in enrollment are positive as health is an important domain for well-being to break the cycle of poverty.

2020 Federal Policy Changes

Medicaid coverage continued for all enrollees—regardless if their eligibility changed—to ensure health care coverage in case of COVID-19.

At the direction of the federal government, Utah did not close Medicaid cases even if an enrollee's eligibility or income level changed during 2020. This helped provide health care coverage to more individuals in case of needing care for COVID-19. The percent of IGP adults who received Medicaid increased by 4% from 2019 to 2020, which may partly be from the temporary change in eligibility criteria. Utah anticipates Medicaid will return to its regular eligibility criteria by the end of CY2021.



SNAP recipients received increased payments to help alleviate food insecurity during the pandemic.

Three changes occurred for SNAP eligibility during the pandemic that helped low-income families alleviate food insecurity—including 71% of IGP adults and 84% of IGP children who received SNAP benefits in 2020. The sequential federal changes included providing a SNAP supplemental payment to families if they were not already receiving the maximum amount for their household size; increasing the maximum SNAP benefits allotment by 15%; and increasing supplemental payments to at least \$95 if families were not already receiving that amount.

New P-EBT benefits minimized food insecurity for low-income children.

Many low-income students lost their access to free and reduced-price meals when schools closed during the pandemic. To continue providing access to food, the federal government started a new federal child nutrition program, the Pandemic Electronic Benefit Transfer (P-EBT) in 2020. These benefits were provided alongside continued SNAP benefits for families. To be eligible for benefits, students had to be participating in the National School Lunch Program, had the free or reduced-price school meal status, and attending a school that was remote for at least five days in a row each month. From August to December 2020, approximately 88% of Utah's schools with high rates of IGP qualified as remote for P-EBT. This was more than schools with low rates of IGP, which had 75% qualified as remote for P-EBT.

Parents receiving child care subsidies who had a reduction or loss of employment due to COVID-19 had their annual review extended to account for the ever-changing work environments in 2020.

For low-income parents receiving child care subsidies, annual reviews between March and September 2020 were extended for those who were not employed due to a COVID-19-related reason. This was to ensure households could receive uninterrupted child care services. Beginning in May 2020, child care co-payments were also waived for households, even if they were earning sufficient income. These changes helped 6% of IGP parents who participated in the child care subsidy program in 2020.

Regular and federal pandemic unemployment benefits increased the average monthly income for IGP families—allowing them to afford necessities, such as housing.

The average monthly income for an IGP SNAP recipient nearly doubled from \$1,122 to \$2,016 from 2019 to 2020. Regular and federal pandemic unemployment benefits from the CARES Act counted as income towards SNAP eligibility, which may have boosted their reported income and may have reduced poverty rates.⁵⁰ The result of a higher average monthly income meant that IGP SNAP recipients who expended 30% or more of their income on housing had dropped year-over-year from 48% to 45% in 2020. As a positive finding on this data indicator, it shows that the additional benefits may have helped IGP families weather the pandemic. The increase in reported income does not include stimulus checks, also known as Economic Impact Payments, as they were never counted as income for SNAP eligibility.

Looking ahead at upcoming federal and state policies, programs and plans that may impact the IGP population.

Looking Ahead At State Policies

The consolidation of the Utah Department of Health and Utah Department of Human Services will help align services and improve delivery to IGP individuals.

In the 2021 General Session, H.B. 365 put into motion the consolidation of the Utah Department of Health (DOH) and Utah Department of Human Services (DHS) into one agency by July 2022. The reasons for agency consolidation include improving efficient management of the state's health and human services and promoting quality of life for those accessing those services.⁵¹ Many individuals, including those experiencing IGP, access services across both departments, which is creating duplication and challenges in navigating a complex web of services. In fact, 60% of individuals receiving services in DHS also receive services through DOH.

The vision for the new Utah Department of Health and Human Services focuses on ensuring all Utahns are healthy and safe by providing a seamless system of services and programs. The new department includes an organizational structure that will focus on providing this seamless service delivery model through an emphasis on the customer experience. Approximately 31% of program participants in home-based services are IGP individuals who would benefit from the new agency, as are 29% of children in foster care, and 20% of alleged child victims of abuse or neglect.

Legislative efforts to increase access to postsecondary education may help IGP individuals break their cycle of poverty.

H.B. 328 was passed in the 2021 General Session to provide \$1 million in grants for adult students who have some college credit, but have not completed their degrees.⁵² The program would prioritize grants to rural residents, minorities, low-income individuals and first-generation college students. This bill may help IGP adults complete their certificate or degree, which can improve their family's economic stability and provide a stronger foundation for their children to go on to college too.

Another bill, H.B. 279, was passed to provide higher education opportunities for incarcerated youth.⁵³ Dixie State University will administer the program for high school students to 25-year-olds who were incarcerated as minors, but are serving long sentences. Incarcerated youths will participate through concurrent enrollment and gain college credits to apply toward technical



certificates or college degrees. With 23% of IGP children involved in the juvenile justice system, participation in this program would provide them with an opportunity to break their cycle of poverty through higher education.

COVID-19 relief funds provided to state and local governments continue to strategically help the IGP population.

In 2021, Utah's state government received \$1.6 billion in COVID-19 relief funds from the federal American Rescue Plan Act. In addition, Utah's county and city government received \$1 billion in discretionary money from the same relief fund.⁵⁴ In a special session in May 2021, the Utah Legislature approved spending \$571 million of the funds on infrastructure and unemployment solvency, pandemic response, business grants, water infrastructure, broadband internet expansion, education, emergency preparedness, backlogged courts, and housing and homelessness.⁵⁵ The remaining funds will be decided in the 2022 general session. The dedicated investment efforts will help many Utahns, including IGP individuals, with an improvement of services in various areas.



PARTNER SPOTLIGHT

UTAH GOVERNOR'S OFFICE

The "One Utah Road Map" focuses on improving the lives of all Utahns.

In January 2021, newly-elected Utah Governor Spencer J. Cox and Lt. Governor Deidre M. Henderson released a plan, "One Utah Road Map" to guide their administration's first 500 days in office. The roadmap focuses on six key priorities: economic advancement, education innovation and investment, rural matters, health security, equality and opportunity, and state government efficiency. Strategies outlined in the roadmap will not only help all Utahns, but will also improve the lives of those experiencing IGP. A few of the strategies include the following:

- Provide access for high-quality early learning for every child
- Expand access to optional extended-day kindergarten
- Ensure broadband internet and computers are at home for every Utah student
- Enroll every student in postsecondary education through the help of counselors
- Encourage businesses to implement family-friendly and inclusive policies
- Repeal Social Security tax for lower-income earners
- Evaluate systemic changes to address health disparities
- Expand telehealth, focusing on mental health and substance abuse
- Ensure all of Utah's children have access to health insurance

Looking Ahead at Federal Policies

The updated federal Child Tax Credit could positively impact Utah's IGP families.

In July 2021, the Child Tax Credit was temporarily increased from \$2,000 to \$3,000 per child (\$3,600 per child under the age of six) to help support a family's economic stability.⁵⁶ Previously, one-third of all children, who were considered the poorest in the country, were excluded from the credit because their families earned too little to qualify. With the change, this missing child population will now qualify for the credit, and it is predicted to nationally reduce child poverty by half. The Center on Poverty and Social Policy predicted Utah would see a 29% reduction in poverty with the fully refundable \$3,000/\$3,600 state tax credit.⁵⁷ The tax credit could affect up to 70% of IGP adults who have at least one child in their household. The tax credit payments will also be exempt as income, and not affect eligibility for public assistance programs. Future research could analyze if the credit statistically improved outcomes or changed public assistance participation of the IGP population.



CONCLUSION

Through the collaboration of state agencies to collect comprehensive data on intergenerational poverty (IGP) over the past decade, Utah is well-informed of who is experiencing IGP and their barriers to breaking the cycle. This includes understanding that IGP is experienced by all types of people, of all ages, and is found throughout the state. However, some groups experience IGP more than others, such as women, single-parent families and American Indians. To lower the poverty rate for these groups, national research suggests addressing the gender wage gap,⁵⁸ offering maternity leave⁵⁹ and providing employment opportunities.⁶⁰ Increasing direct outreach to targeted groups could also inform them of services available to improve their lives.

In 2020, the difficulty of breaking the cycle of poverty may have been exacerbated when additional hardships appeared from the COVID-19 pandemic. Fortunately, it seems that the immediate impacts of COVID-19 were alleviated for those in poverty with help from federal stimulus packages and policy changes in 2020. However, there could be longer-lasting impacts on academic achievement, economic success and long-term health. To understand the ongoing needs of IGP families, future research could be conducted on the following topics:

1. Analyze the different learning delivery models from schools during the pandemic and the correlation of test scores of IGP students.
2. Study the impacts of policy interventions on poverty reduction for IGP families, such as the federal Child Tax Act or broadband infrastructure investments in San Juan County.
3. Consider collecting qualitative data by surveying public assistance participants, and learn about their first-hand experiences and supports that helped during the pandemic.

Through this research and data, Utah can focus on ensuring low-income families do not inadvertently fall behind as unemployment benefits and other stimulus payments end. With the help of COVID-19 relief funds, the state is already taking the initiative to fill service gaps and address pressing needs for all Utahns, which will also impact IGP families. This includes child care stabilization, broadband internet expansion, higher education access, child abuse prevention and affordable housing.⁶¹

Although the pandemic disrupted the livelihoods of everyone and brought uncertainty to the economy, Utah has recovered quickly and remains in the best position to help those in the cycle of poverty. Through an ongoing collaboration of governments, local communities, nonprofits and religious organizations, work will continue to improve the quality of life for Utahns experiencing IGP and ensure they have an equitable opportunity to reach their full potential.

APPENDIX

Intergenerational Welfare Reform Commission

Chair:

Deidre Henderson, Lieutenant Governor
State of Utah

Vice Chair:

Casey Cameron, Executive Director
Utah Department of Workforce Services

Members:

Nate Checketts, Executive Director
Utah Department of Health

Sydnee Dickson, State Superintendent
Utah State Board of Education

Tracy Gruber, Executive Director
Utah Department of Human Services

Nubia Pena, Director
Division of Multicultural Affairs within the Utah Department of Heritage and Arts

Niera Siaperas, Juvenile Court Administrator
Judicial Branch

Intergenerational Poverty Advisory Committee

Chair:

Not filled in 2021

Dr. Benjamin Gibbs, Brigham Young University
Academic expert in childhood poverty/education

Members:

Bill Crim, United Way of Salt Lake
Advocacy group that focuses on Education

Moe Hickey, CEO of Voices for Utah Children
Advocacy group that focuses on childhood poverty

The Honorable D. Scott Davis, Fourth District Juvenile Court
Additional community member

Dr. Doug Goldsmith, The Children's Center
Child mental health

Roy Neal Davis, Intermountain Health Care
Child health

Reverend Steve Klemz, Zion Evangelical Lutheran Church
Faith-based organization that addresses childhood poverty or education

William Duncan, Director of Sutherland Institute Center for Family and Society
Additional community member

Councilwoman Aimee Winder Newton, Salt Lake County Council
Local government representative

Research Subcommittee & Data Partners

Utah Department of Workforce Services

Britnee Johnston (*report author*)
Kelsey Martinez
Collin Peterson
Nune Phillips
Jeremias Solari

Utah Department of Corrections

Julie Christenson

Utah System of Higher Education

Zachary Barrus
Laura Zemp

Utah State Board of Education

Aaron Brough
Jimmy Hernandez
David Mackay
Malia McIlvenna
Wynn Shooter

Utah Department of Human Services

Ryan Carrier
John DeWitt
Justin Hyatt
Rick Little
Lesley Lundeberg
Dustin Steinacker

Utah Department of Health

Srimoyee Bose
Navina Forsythe
Brian Roach
Ghazaleh Safazadeh

Community Members

Dr. Benjamin Gibbs, BYU
Martin Munoz, Voices for Children
Mary Beth Vogel-Ferguson, UofU

Data Methods & Limitations

Utah is unique in its capability to securely work with data across state agencies to help inform on demographics, services and outcomes for the IGP population. Without the collaboration of multiple state partners, this report would be limited in data and lack the insight needed to comprehensively understand IGP. Annually, the Utah Department of Workforce Services updates the IGP cohort with those who participated in public assistance in the calendar year. The cohort is then matched across partner records for various data indicators. The following is the data provided by partners:

Utah Department of Workforce Services

- Demographics (gender, age, race/ethnicity, education level, marital status, and children in household)
- Employment and wages
- Housing and homelessness services
- IGP by county, city, and zip code
- Public assistance participation
- Unemployment Insurance claims

Utah Department of Health

- Baby Watch Early Intervention Program participation
- Behavioral health services
- COVID-19 health indicators
- Dental care
- Home visitation services
- Prenatal care
- Preventive health care
- Substance use treatment
- WIC participation

Utah State Board of Education

- ACT score
- Chronic absenteeism
- Enhanced kindergarten participation
- High school graduation
- IGP by school and district

- Kindergarten readiness
- Language arts and math proficiency
- Learning delivery models by school
- Public preschool participation
- Returning student enrollment (missing children)

Utah System of Higher Education

- Enrollment by institution
- Graduation by award/institution

Utah Department of Human Services

- Involvement in Juvenile Justice System
- Domestic violence-related child abuse
- Foster care, child protective services and in-home services participation
- Victim of abuse or neglect as a child

Utah Department of Corrections

- Involvement in Corrections

Data Limitation: Intergenerational Poverty Definition

Utah defines intergenerational poverty through the use of public assistance at the Utah Department of Workforce Services. As with any data, there are some limitations to be aware of when using the intergenerational poverty definition.

In theory, there could be more Utahns who are experiencing a cycle of poverty, but are not included in this report. Individuals who are living in poverty, but are not accessing public assistance from the Utah Department of Workforce Services would not show up in the IGP data. They could be accepting public assistance from others not included in this research such as from religious or nonprofit organizations.

This research also does not include public assistance participation from other states. An individual who may have participated in another state and then moved to Utah would not show up in the IGP data because there is no record of their childhood history. This also affects if the individual has a child, who would not show up as an IGP child because there is no record of their parent's upbringing. This lack of IGP data is also the case for immigrants from other countries who move to Utah.

For questions on data methods and limitations, or to request more information, contact the Utah Department of Workforce Services — Workforce Research and Analysis Division at laboreconomists@utah.gov

COMMISSION REPORT

Pursuant to Utah Code §35A-9-305, the following is the Utah Intergenerational Welfare Reform Commission Annual Report 2021. The Intergenerational Welfare Reform Commission (Commission) is chaired by the Utah Lieutenant Governor and includes the executive directors of the following: Utah Department of Health (DOH), Utah Department of Human Services (DHS), and Workforce Services. In addition to those members, the Commission includes the Utah State Board of Education (USBE); State Superintendent of Public Instruction; the State Juvenile Court Administrator; and the Chair of the Intergenerational Poverty Advisory Committee.

As required by statute, this annual report describes the Commission's activities from October 2020 through September 2021. These dates correspond to the federal fiscal year (FFY) and is referred to as FFY 2020.

This Annual Report will meet the following reporting requirements:

- Provide a summary of the impacts of the COVID-19 pandemic on each commission agency.
- Update on the Commission's progress to advance the goals outlined in its five- and 10-year plan, Utah's Plan for a Stronger Future.

2020-2021 COVID-19 Pandemic Impacts

The second half of FFY2020 and the entire FFY2021, the COVID-19 pandemic caused the Commission to postpone some of its efforts and shift focus. The commission agencies were the most impacted state agencies during the pandemic.

However, commission agencies adapted quickly throughout the pandemic to continue to provide services and support to those experiencing intergenerational poverty and hardships from the pandemic. Below is a summary from each commission agency:

- **Utah Board of Education**

The Utah Board of Education worked closely with school districts, local health departments, and Utah Dept. of Health in developing pandemic response plans to protect students and faculty. This included several approaches from schools going 100% online to hybrid approaches including both in-person and virtual learning. Supporting students with food assistance was critical over this time as the Board worked closely with the Department of Workforce Services in providing Pandemic-EBT support for households that qualified for free or reduced school meals.

- **Utah Department of Health**

The Department of Health immediately mobilized to lead the state's response to the COVID-19 pandemic. The department led out in organizing the state's public health guidance and advised state leadership on appropriate actions to slow the spread and protect Utah citizens. The department continues to oversee the public health response as the pandemic continues.

- **Utah Department of Human Services (DHS)**

Demand and need for social services did not slow down during the pandemic. To maintain stability for individuals and families accessing human services, DHS expanded telehealth, crisis counseling, and online visitation by purchasing and providing PPE and technology equipment such as smart devices to juveniles in care, families, and people with disabilities. Caseworkers extended hours when schools were closed to offer support to families and provided caregiver compensation. This program provided one-time payments to support families who have children with disabilities and foster parents and kin who were kept in their homes for safety from the pandemic. Contract amendments and guidance were frequently communicated to providers to help in their health-guided response to caring for individuals in services. Emergency funds for transitioning from foster care, as well as former foster youth were provided to help these individuals avoid homelessness and have access to job training and higher education when experiencing job loss because of the pandemic.

- **Utah Department of Workforce Services**

Workforce Services became the go-to state agency to support Utah citizens experiencing financial hardship during the pandemic, which included those experiencing intergenerational poverty. The department quickly responded in operationalizing the following federal relief programs:

- Seven federal pandemic unemployment insurance programs (Utah ended the federal unemployment programs on June 26, 2021)

- o Four federal housing support programs: Emergency Rental Assistance, Homeowner Assistance Fund, energy and water utility assistance
- o Two food assistance programs including SNAP maximum allotment and Pandemic-EBT
- o Medicaid maintenance of eligibility
- o Child care provider support with CARES Act and ARPA funds
- o Employment support as the economy recovered and jobs returned

Several of these programs are remaining into the next year as the pandemic continues.

- **Utah State Courts and Juvenile Courts**

As the coronavirus spread in Utah, our Utah State Courts and Juvenile Courts transitioned court hearings and meetings with youth and families to a virtual setting. In the process we discovered that not all of our patrons were technologically literate or had access to the internet and the equipment. The juvenile courts responded by allowing those without access to technology in our courtrooms, while we adventured in the world of hybrid hearings. We provided spaces and computers or phones to allow patrons to attend their hearings. We increased flexibility in the eFiling of court documents and petitions, accepting filings by non represented patrons via email.

The juvenile probation department developed processes and a probation risk response plan to ensure that probation officers could continue to work with youth effectively during the pandemic. Probation officers have provided extra support to youth and families for virtual court hearings, technology and internet access, and providing intervention materials and tangible incentives. The juvenile probation department also facilitated the transition and adaptation of cognitive-behavioral interventions to a virtual service delivery format with the secondary benefit of making these services available to youth in rural areas.

Additionally, the following provides a description of the continued strategies employed to influence the outcomes for families experiencing intergenerational poverty, maintaining focus on only those strategies that will advance the Commission's five- and 10-year plan.

DEPARTMENT OF WORKFORCE SERVICES

Area of Child Well-Being	Indicator being Influenced	Recommendation	Completed	Progress in previous 12 months
Early Childhood Development (ECD)	(1) Child care providers serving >10% subsidy participate in programs to improve quality (2) Young children experiencing IGP participate in preschool (3) Children experiencing IGP are kindergarten ready	Increase capacity of high-quality preschool	Yes (ongoing)	Office of Child Care (OCC) administered Utah's state-funded preschool program to both increase the capacity for high quality programs to serve children who are low-income, including IGP, as well as fund preschool programs to become high quality. In SFY21, the program served 2,053 children identified as low-income with at least one of 10 enumerated risk factors and provided funding to five preschool programs to become high quality. The number of children served in the program was lower than the previous year as programs reported a reduction in students enrolled and attending as a result of COVID-19.
		Establish a true Quality Rating and Improvement System for child care programs	Yes (ongoing)	OCC partially implemented its Child Care Quality System (CCQS) on October 1, 2019 and put the full implementation on hold as the industry responded to COVID-19. Current ratings remained in place during this time. OCC started the implementation of CCQS through a phased approach in June 2021. Through SFY21, of licensed centers eligible to receive a rating, 27% received one. In June 2020, 24% of children covered by subsidies attend programs with a certified rating. The following is the rating distribution from lowest to highest quality: Foundation of Quality: 49 programs; Building Quality: 46 programs; High Quality 24 programs; and High Quality Plus: 1 program. Implementation for licensed family programs has been postponed due to COVID-19 and will resume in 2022.
		Utilize the established Child Care Quality System to provide greater child care subsidy payments to high-quality child care providers	Yes	28 licensed child care providers are receiving an enhanced subsidy grant for achieving a high quality rating.
		Develop statewide, preschool readiness developmental assessment	Yes	In SY2019-20, USBE implemented the Preschool Entry and Exit Profile that was adopted in 2018 during the General Session. In SY2020-21, there were disruptions in assessments and data collection due to COVID-19.
Family Economic Stability (FES)	(1) IGP young adults participating in post-secondary education (2) IGP adults with year-round employment (3) IGP adults employed in occupations with wages sufficient to meet basic needs of families	Connect youth to employment	Yes (ongoing)	(1) Work-based learning programs implemented in the following school districts: Nebo, Provo, Washington, as part of local plans to addressing intergenerational poverty. (2) Provide career counseling to you through use of UWORKS tools. (3) Continue partnerships between workforce development and schools and their counselors to address career opportunities for youth. (4) Partnership with JJS in Utah, Price, and Vernal counties to connect youth exiting secure care to workbased learning opportunities.

DEPARTMENT OF WORKFORCE SERVICES CONT.

Family Economic Stability (FES) (Cont)	(4) Families living at or above 200% Federal Poverty Line (5) Families receiving public assistance who experience intergenerational poverty	Increase job skills through career pathways	Yes (ongoing)	(1) Talent Ready Utah grants to promote programs providing unemployed and underemployed adults opportunities to receive training and certification in high-demand occupations. (2) "Invest in You Too," program for single-women focused on a public-private partnership with Salt Lake Community College, DWS and medical manufacturers to provide training and later employment in the medical manufacturing industry. (3) Collaboration between WDD, MTECH and Health Care Providers connecting youth and FEP customers to Medical Assistant (MA) training, certification and employment. This pathway includes WDD led empowerment workshops that are integrated into the course curriculum, including topics like job search preparation/assistance, success in the workplace and soft skills.
		Ensure education and job training meet work requirements	Yes (ongoing)	Child Care is provided to parents pursuing education while they are working.
		Promote Work Opportunity Tax Credit for employment of individuals experiencing intergenerational poverty	Yes	Educated staff working with CTW on the credit. Training is available on request. Additional information can also be found on the DWS website: https://jobs.utah.gov/employer/business/wotc.html
		Increase uptake in the federal Earned Income Tax Credit	Yes	(1) All employment centers providing information on the EITC during the TY2019 and individuals were notified of the availability of the EITC. (2) Commission supported legislation that would increase uptake for the federal EITC through an incentive which established a 529 college savings account. (3) Workforce development staff educate employers about the benefits of income tax credits.
		Provide a match for EITC recipients	Yes	Commission supported efforts to establish 529 accounts for qualified individuals experiencing intergenerational poverty, an amount equal to a percent of the federal EITC.
		Encourage participation in financial coaching courses	Yes	TANF currently pays for multiple providers around the state to provide financial coaching workshops. A collaboration with the Consumer Financial Protection Bureau titled Your Money Your Goals is being used by DWS employment counselors to assist families.
All		Support evidence-based decision making	Yes	DWS continues to work toward establishing outcome-based contracting through the utilization of Results Based Accountability.

DEPARTMENT OF HUMAN SERVICES

Area of Child Well-Being	Indicator being Influenced	Recommendation	Completed	Progress in previous 12 months
FES	(1) IGP adults with year-round employment (2) IGP adults employed in occupations with wages sufficient to meet basic needs of families (3) Families receiving public assistance who experience intergenerational poverty	Policies to Support Non-Custodial Parents	Yes	DHS follows the guidance from the Office of Child Support Enforcement (OCSE) with regard to child support payments. Although DHS does establish policies that treat both parents equally, it may modify support orders for incarcerated parents, based on their current ability to pay, result in less debt accrual and more formal employment, more child support payments and less need for enforcement after incarceration. In 2017, DHS, Office of Recovery Services proposed a legislative change that would allow it to modify support orders on the basis of incarceration. That law was adopted and is being implemented. Among adults experiencing IGP, 17 percent have been involved with Utah Department of Corrections.
Health	(1) Schools serving high percentages of children experiencing IGP provide access to behavioral health specialist (2) Children 10 and older, experiencing IGP who require behavioral health services receive those services	Ensure School Based Behavior Health is available in schools	Yes (ongoing)	During SFY2020, School Based Behavioral Health access and availability increased to 39 of the 41 School Districts and to 377 schools (45 of the schools have high rates of IGP). During SFY2020, School Based Behavioral Health services were provided to 3,265 students through the Local Mental Health Authorities. School Based services have also been able to pivot with COVID to include telehealth based services to serve youth and families separated from their school by the pandemic. This effort is included in the One Utah Roadmap as a strategy to include access to healthcare. A work group is developing a plan to ensure all Utah schools provide school-based health services to students. In addition, during the 2021 General Session, the Legislature established the Education and MH Coordinating Council to work on this effort.
All		Families served through a two-generational lens	Yes (ongoing)	System of Care uses evidence based, Wraparound to fidelity to serve children, youth and families statewide. This approach is proven to have more sustainable outcomes and lessen repeat government involvement. Five regional advisory councils provide oversight and address policy and regulatory issues, gaps in service, funding concerns, youth and family voice, and workforce development in each of the system of care regions. As a result of a successful application to the Substance Abuse and Mental Health Services Administration for a System of Care expansion, nine new High Fidelity Wraparound teams have been created in rural and frontier communities around the State. New teams were added in Duchesne, East Carbon, Emery, Garfield, Grand, Kane, San Juan, Kane and Tooele Counties. A team was also added for the Paiute Tribe which is headquartered in Iron County. The grant also funds the expansion of Stabilization and Mobile Response early intervention services into the entire Eastern Region of the state as well creating a Center of Excellence housed with the Huntsman Mental Health Institute.

DEPARTMENT OF HUMAN SERVICES CONT.

All		Families served through a two-generational lens	Yes (ongoing)	<p>Partnerships with the Local Area Authorities and contracted services allow for faster response, access and efficiency. For example, Stabilization and Mobile Response began September 2017 in five Southwest Utah counties through Southwest Behavioral Health, and started in six Northern Region counties in January 2018, administered by Davis Behavioral Health. In 2020 and 2021, the service entered into contracts with Intermountain Health Care to operate SMR in Salt Lake and Western (Utah County) regions respectively. A highly skilled team is dispatched to de-escalate immediate crises and stabilize the child and family with in-home services for up to eight weeks. The impact is a stronger family unit and prevention of conflicts that lead to more costly consequences like: law enforcement involvement, state custody, out-of-home placement, runaway/homelessness, declining grades, disrupted foster placement, loss of job and thoughts about suicide.</p> <p>The Local Mental Health and Substance Abuse Authorities provide a continuum of care with a focus on serving the entire family. Through paternal and early childhood mental health initiatives and services, Local Authorities have a focus on providing multigenerational services to families and youth. These efforts involve local collaboration with other partners, including local school districts, healthcare providers, childcare providers and other children and family serving stakeholders.</p>
All		Support evidence-based decision making	Yes (ongoing)	<p>The Utah Department of Human Services (DHS) implemented the Title IV-E prevention program as authorized by the Family First Prevention Services Act (FFPSA). Utah's FFPSA plan builds upon Utah's Title IV-E waiver project, HomeWorks, which focused on strengthening parents' capacity to safely care for their children and safely reducing the need for foster care. The prevention program includes several evidence-based services targeted for mental health and substance abuse prevention and treatment and for in-home parent skills based programs. These evidence-based prevention services and programs are provided for children who are candidates for foster care and their parents or kin caregivers. The overall goal of Title IV-E prevention program is to prevent the need for foster care placement and the corresponding trauma of unnecessary parent-child separation.</p> <p>DCFS continues to use evidence-formed assessments as decision-making processes. When assessing safety and risk issues, DCFS worker use Structured Decision-Making (SDM) safety and risk assessments. A formal suicide screener is also used when working with children age 10 and older. In assessing a family's needs, DCFS uses the Utah Family and Children Engagement Tool (UFACET) to better identify family needs requiring action and support.</p> <p>The Office of Quality and Design monitors the use of evidenced-based outcomes and performance in new service design and contract compliance. Performance based contracting will include outcomes from evidenced-based programming. Most recently, OQD has assisted the department in standing up Parent-Child Interaction Therapy (PCIT) and is working to recruit participants in the training pilot to expand the array of evidence based programs under FFPSA and the department's continuum of services. Evidence-based and performance-based contracts are required in legislation for Juvenile Justice reform; System of Care is now statewide as a practice and is a nationally recognized evidenced-based approach to service delivery.</p>

DEPARTMENT OF HEALTH

Area of Child Well-Being	Indicator being Influenced	Recommendation	Completed	Progress in previous 12 months
ECD	<p>(1) Children, 0-5, who are IGP receive home visiting services</p> <p>(2) Children, IGP, assessed with moderate-to-severe developmental delay participate in Baby Watch Early Intervention (BWEI)</p> <p>(3) Children, IGP, who experience substantiated case of abuse and/or neglect</p> <p>(4) Parents have the knowledge and skills to promote healthy development of their young children.</p>	<p>Continued expansion of evidence-based home visitation programs to targeted populations and regions of the state</p>	<p>No</p>	<p>(1)The Office of Home Visiting (OHV) is a program within the Utah State Department of Health. We work with local Health Departments and not-for-profit agencies to provide home visits to pregnant persons and young families who would like to know more about being parents. The Home Visiting models OHV supports have been well researched and have been shown to have a positive impact on the families who participate. Home Visitors are well trained and can provide information about breast feeding, toilet training, nutrition, home safety, child development and much more. Home visits are tailored to the needs of the families being served. They are designed to be conducted in the home of the family, but have shifted to a combined in-person and virtual service delivery in response to the COVID-19 pandemic.</p> <p>In 2020, using available federal and state resources, local regional providers contracted with the Office of Home Visiting used the evidence based models of Nurse Family Partnership or Parents as Teachers served :</p> <p>Number of children served: 661 Number of families served: 669 Number of contracts: 8</p> <p>Contracted Providers: (5 LHD, 1 NPO) Salt Lake County Health Department (2 Contracts for separate programs), San Juan County Health Department, Central Utah Health Department, Prevent Child Abuse Utah, Southeastern Utah Health Department, Wasatch County Health Department, Utah County Health Department</p> <p>Counties served: Salt Lake, San Juan, Sevier, SanPete, Carbon, Emery, Grant, Wasatch, Weber, Utah</p> <p>(2) The purpose of the Baby Watch Early Intervention Program (BWEIP) is to enhance early growth and development in infants and toddlers, who have developmental delays or disabilities by providing individualized support and services to the child and their family. Direct early intervention (EI) services are provided by 15 local EI programs, which are run by local health departments, school districts, non-profits organizations, universities, and the Utah Department of Health. Early Intervention services are provided through a family coaching model that focuses on helping families support their children in meeting individualized outcomes in all areas of development. All services take place in the child's natural environment (home, child care, etc.) and are tailored to meet the individual needs of the child and family. In SFY 2021, 15 local EI programs served 14,260 children between 7/1/2020 and 6/30/2021. Anyone can make a referral to a BWEIP local EI program. Referrals come from parents, local health departments, pediatricians and family physicians, Early Head Start Programs, Centro de La Familia, Help Me Grow Utah, the Department of Human Services Division of Child and Family Services, hospitals, and others.</p> <p>1.) Children, IGP, assessed with moderate-to-severe developmental delay participate in Baby Watch Early Intervention Program (BWEIP): December 31, 2020 counts: 1795 Referred, 836 Evaluated, 735 Determined Eligible, 683 (92.93%) chose to participate in services</p> <p>2.) Children who experience substantiated case of abuse and/or neglect referred to BWEIP: 1,565 between 7/1/2020 and 6/30/2021 (this count is for IGP and not IGP children combined)</p> <p>3.) Parents who have the knowledge and skills to Help their children develop and learn: SFY 2020: 93.00% (NCSEAM Survey Utilized for SFY 2020 Data Collection)</p>

DEPARTMENT OF HEALTH CONT.

Health	Children, IGP, receive physical, behavioral and dental care at the same rates as the statewide rates in each of those areas, regardless of where their family resides in Utah	Analyze Health Provider Shortage Areas	Yes (ongoing)	<p>DOH continued to support access to health care throughout the state. DOH Office of Primary Care and Rural Health works to recruit medical professional into rural communities and frontier areas.</p> <p>In September 2021, DOH Office of Primary Care and Rural Health reviewed and updated most shortage area designations.</p> <p>In August 2020, DOH Office of Primary Care and Rural Health launched the Utah Health Care Workforce Coalition to address Utah’s health workforce shortages. One of the Coalition’s strategic priorities has been to improve the health workforce data available to relevant agencies. Work is ongoing.</p> <p>This year, the Utah Department of Health, offered to all of our employees the opportunity to participate in a “Trauma Informed” seminars designed to answer these basic questions:</p> <ul style="list-style-type: none"> -What is Trauma? -What is the impact of trauma? -How do I recognize possible trauma responses? -How can I be more effective in working with people with a trauma history? -How can I care for myself as I work with people who have experienced trauma? <p>-Over 6 seminars, more than 250 Department of Health employees participated in these half-day seminars.</p> <p>The Utah Department of Health Bureau of Health Promotion has begun implementation of trauma-informed practices. They piloted a trauma-informed organizational assessment and are actively looking for opportunities to support the development and sustainability of the Center for Trauma-Informed Utah.</p>
All		Families served through a two-generational lens	Yes (ongoing)	<p>Both the Women, Infants and Children nutrition program and the Parents As Teachers Home Visiting program are considered by DOH to be family-focused, two generational programs as they work with both the adults and children to achieve outcomes.</p> <p>WIC successfully provides family-focused service as moms/parents meet one-one-one with a registered dietitian or registered nurse at least once every six-months. During these sessions WIC staff encourage breastfeeding, provide customized nutrition education regarding healthy eating habits and help the family set nutrition-related goals based on the information received through the assessment.</p> <p>Families also choose a nutrition education topic of their choice during each six-month period. WIC improves the health of the current generation as mothers and parents are educated by the Registered Dietitian/Nurse. As infants grow into children, adolescence and adulthood, they will take the healthy habits that WIC helped instill in them at an early age into their own families.</p>
All		Support evidence-based decision making	Yes (ongoing)	<p>The Utah Department of Health uses evidence-based programs and practices in its adoption of programs. Most grant programs, particularly federal, will only provide resources to evidence based practices and programs.</p>

UTAH STATE BOARD OF EDUCATION

Area of Child Well-Being	Indicator being Influenced	Recommendation	Completed	Progress in previous 12 months
ECD	(1) Child care providers serving > 10% subsidy participate in programs to improve quality	Increase capacity of high-quality preschool	Yes (ongoing)	USBE continues to partner with OCC in the administration of the state-funded preschool program.
	(2) Young children experiencing IGP participate in preschool			
	(3) Children experiencing IGP are kindergarten ready			
	Children experiencing IGP are kindergarten ready	Develop statewide, kindergarten readiness assessment	Yes	The Kindergarten Entry and Exit Profile (KEEP) was fully implemented. In 2018, USBE modified the intake form to include the identification of a specific preschool or early learning program a kindergarten student participated in prior to enrollment in kindergarten. The most current version of the KEEP report for the 2020-2021 school year is available and will be on the USBE website by the end of September 2021.
	Children experiencing IGP are kindergarten ready	Develop statewide, preschool readiness developmental assessment	Yes	In SY 2020-2021 the PEEP was administered in both the fall and spring. The current school year PEEP entry is being administered now. The results for PEEP 2020-2021 will be available within the next few weeks.
Education	(1) Schools with high rates of students experiencing IGP offering Optional Extended Day Kindergarten (OEk)	Increase access to optional extended-day kindergarten in schools serving high rates of children at risk of remaining in poverty	Yes	For SY 2021-2022, there is approximately 24.5 million in OEK opportunities for LEAs. There has been an increase of about \$17 million over the last few years.
	(2) IGP students enrolled in kindergarten participating in OEK			
	(3) Students experiencing IGP graduate from high school			
	(1) Students experiencing IGP graduate from high school	Incorporate Social and Emotional Learning (SEL)	Yes (ongoing)	The PEEP data collection includes lifelong learning practices metrics and collection of those results began in Fall of 2019 and are currently in place.
	(2) Students experiencing IGP are Language Arts proficient			
	(3) Students experiencing IGP are Math Proficient			

UTAH STATE BOARD OF EDUCATION CONT.

Education Cont.	(4) Students experiencing IGP are Language Arts proficient (5) Students experiencing IGP are Math Proficient	Incorporate Social and Emotional Learning (SEL)	Yes (ongoing)	
FES	(1) IGP young adults participating in post-secondary education (2) IGP adults with year-round employment (3) IGP adults employed in occupations with wages sufficient to meet basic needs of families (4) Families receiving public assistance who experience intergenerational poverty	Expose high schools students to post- secondary education and job training opportunities beginning early in their high school career	Yes	All Utah students begin their exploration of careers and postsecondary training in middle school. A variety of career pathways are available to all high school students. These pathways are reviewed and programs are regularly updated to ensure that students are being prepared for high skill, high wage, and emerging or in-demand occupations. Articulation agreements between secondary and postsecondary programs are in place and students can move seamlessly from secondary education to postsecondary training.
	(1) IGP young adults participating in post-secondary education (2) IGP adults with year-round employment (3) IGP adults employed in occupations with wages sufficient to meet basic needs of families (4) Families receiving public assistance who experience intergenerational poverty	Provide incentives to two-year colleges for key outcomes		N/A
	(1) IGP young adults participating in post-secondary education (2) IGP adults with year-round employment	Expand scholarship opportunities to students experiencing intergenerational poverty	Yes	College Application Day provides a mechanism for students experiencing IGP to have access to mentoring and assistance in filling out applications, including financial aid. Students living in poverty also receive additional consideration on many scholarship opportunities. In addition, USHE is working to have a full-time, permanent college access advisor at every high school. The Utah college access advisors guide high school students through college entrance exam preparation, admissions procedures, and financial aid processes to ensure that all Utah students have access to higher education opportunities.

UTAH STATE BOARD OF EDUCATION CONT.

FES CONT.	(3) IGP adults employed in occupations with wages sufficient to meet basic needs of families (4) Families receiving public assistance who experience intergenerational poverty			
All		Families served through a two-generational lens	No	
All		Support evidence-based decision making	Yes	USBE has partnered with United Way, KSL, and other organizations to collaborate on the 5B45 Campaign to include additional robust resources for families, promotional content being disseminated via KSL, and incorporating nutrition in the 5 areas of 5B45. The website is: https://5b45kids.com/about/

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