

Using Earned Income Tax Credits to Promote Maternal Health

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Learning Goals:

- Identify EITC as a ‘foundational’ support that can improve maternal health and wellbeing by promoting economic stability, before pregnancy or birth
- Identify opportunities for the maternal health workforce to promote EITC uptake among women and birthing people
- Describe how supporting the maternal health care system to promote economic stability aligns with HRSA MCHB’s upstream approach to addressing social determinants of health

Recommended Actions:

- Tailor outreach and communication materials about tax credits to meet different groups’ needs
- Promote social determinants of health screening and connections to the systems needed to respond to identified needs around economic stability
- Consider the Vital Conditions for Health and Well-being to frame efforts to improve social determinants of health*
- Encourage exploration of additional economic supports and benefits available in specific communities

Executive Summary

A “full stream” approach to maternal health includes a workforce equipped to simultaneously work downstream, midstream, and upstream to address the multilevel factors fostering inequitable maternal health outcomes. To support positive birthing experiences and improvements in maternal health, particularly for Black, Indigenous and birthing people of color, the maternal health care system and its national funders can take a full-stream approach to providing care and connecting birthing people to available services so that they experience increased access to vital conditions needed for health and well-being.

One way that the maternal health workforce and their funders can facilitate an enhanced full stream approach is by taking advantage of current opportunities to promote economic stability as a component of maternal health. Increasing uptake of the Earned Income Tax Credit (EITC) is an existing opportunity to promote economic stability upstream, particularly among low-income women and birthing people and their families. The EITC, one of the most effective and widely used economic supports, is a federal tax credit for workers with low to moderate incomes.

The EITC has helped to lift millions out of poverty, decreased welfare program enrollment, and promoted economic mobility for the children of workers who receive the credit. The federal EITC is particularly well-positioned to positively impact the economic stability of women and birthing people because of its broadly inclusive eligibility criteria which are based on earned income, age, citizenship/residence status, filing status, and number of dependents. Although many are eligible to file for the credit, complex and systemic forces hinder awareness of and access to the credit, creating a gap in who is eligible and who participates.

The maternal health workforce is positioned to support EITC uptake through current efforts to screen for patient and client needs related to the social determinants of health (downstream), connect individuals to partners and programs that address those needs (midstream), and work to engage multisector partners to align their work in ways that promote economic stability among women and birthing people. The Health Resources and Services Administration (HRSA) is well-positioned to support maternal health professionals in their efforts to promote EITC uptake because of their longstanding relationships with programs that serve maternal populations throughout the life course.

Further work is needed to investigate the specific drivers of EITC uptake, specifically across racial, ethnic, educational, cultural and social networks, but recent success in Colorado to align EITC uptake with maternal health suggests several current opportunities for action: (1) tailoring outreach and communication materials to meet different groups' needs, (2) promoting social determinants of health screening and connections to the systems needed to respond to identified needs, (3) consider the Vital Conditions for Health and Well-being to frame efforts to improve social determinants of health, and (4) explore additional economic supports and benefits available in specific communities.

A full stream approach to promoting EITC uptake and economic stability among maternal health populations involves collaborative action at multiple levels:		
Upstream	Midstream	Downstream
Ex. Informing policy makers of the positive impacts of tax credit expansion on maternal health outcomes	Ex. Connections to Volunteer Income Tax Assistance (VITA) sites or other informational resources	Ex. Screening for needs related to the social determinants of health at the clinical or program level

Background: Addressing a Foundational Determinant of Maternal Health

Social and Structural Determinants of Maternal Health

Much has been written about how the Social Determinants of Health (SDOH)- the conditions in the environments in which people are born, live, learn, work, play, worship, and age- influence maternal health outcomes.^{1,2} Recent scholarship has emphasized that structural determinants such as cultural norms, policies, and institutions³ play an important role in driving the inequitable distribution of key social determinants such as economic opportunity, safe housing, and quality education. To promote positive maternal health outcomes for all populations, a multilevel approach that addresses the immediate needs of birthing people, and the social and structural determinants driving those needs is needed. Supporting the maternal health workforce in their capacity to acknowledge and address the structural, and social determinants of health represents an untapped opportunity to address persistent disparities in maternal health outcomes.

Using a Full Stream Approach to Promote Economic Stability and Improve Maternal Health

Using the metaphor of health as a stream,⁴ maternal health professionals typically work downstream, interfacing with women and birthing people as a service provider in a clinical or program setting. In this role, they may view social and structural determinants as operating further upstream from their sphere of influence. For example, ensuring safe and affordable housing for mothers and families may be seen as the charge of the U.S. Department of Housing and Urban Development, state housing agencies, and non-profits, rather than that of an obstetrician / gynecologist nurse, home visitor, or a Title V professional. While other sectors certainly have a role to play, lack of alignment among actors working upstream, midstream, and downstream fails to address root causes of persistent maternal health inequities and limits effectiveness of downstream interventions. A more 'full stream' approach supports the maternal health workforce to address root causes of inequities, while also delivering program-specific services and supports in the perinatal period. A full stream approach focuses attention on aligning goals and efforts of those working in downstream clinical settings, those delivering services or programs to address individual needs in midstream community settings, and those who aim to inform upstream decision-making with policy or systems change.

One way the maternal health workforce and their funders can facilitate a full stream approach is by taking advantage of existing opportunities to support economic stability among low-income women of reproductive age. Economic stability is a particularly powerful determinant of maternal health because it has direct impacts on other determinants like safe housing, healthy food access, and healthcare access- all of which contribute to maternal health.⁵ To help drive economic stability and access to related social determinants of health, members of the maternal health workforce can promote and support the uptake of economic supports like the Earned Income Tax Credit (EITC).

The Earned Income Tax Credit

The EITC is a federal tax credit for workers with low to moderate incomes. Workers who are a US citizen or resident alien and have earned income under \$59,187, investment income below \$10,300, and a valid Social Security number may be able to claim the credit.⁶ The credit supports the economic stability of those who receive it by reducing the amount of federal tax they owe, and increasing their federal income tax return if their credit is greater than their tax burden.⁷ Workers who receive the EITC use those extra funds in a variety of ways, including to pay down debt or cover necessities like food, housing costs, and clothing.⁸ The EITC has helped to lift millions out of poverty and decrease welfare program enrollment.⁹

Economic and Cash Supports Promote Economic Stability and Maternal Health Equity

Economic and cash supports play an important role in promoting economic stability for low-income women and birthing people before, during and after pregnancy. While some maternal health innovations and supports are only available during the perinatal period, economic and cash supports can help to promote economic stability for women throughout much of their reproductive years. This is important because life course health development theory posits that maternal health is impacted by experiences and exposures throughout life¹⁰ and helps to explain how health disparities persist across generations.¹¹ Neumark and Shirley (2020) found evidence that exposure to a generous EITC helped to increase employment of low-income single mothers in the short term, but also over time, kept them in the work force and translated into higher wage earning in the long run.¹²

Cash supports may be a particularly important tool for addressing racial disparities in maternal health outcomes, as Black mothers, in addition to mothers with low levels of education, tend to benefit the most from cash supports.¹³ The economic stability provided by economic, and cash supports increase parents' ability to have access to healthy housing, well-resourced neighborhoods, and quality medical care¹⁴ - all of which are drivers of maternal health and equity before, during, and after pregnancy. Importantly, cash supports can increase low-income women and birthing people's ability to steward their economic resources in ways most beneficial to their individual families.¹⁵ Fostering that autonomy promotes health equity by acknowledging that each family has unique needs and the capacity to identify how best to use resources to address those needs.

Building on the Success of the Earned Income Tax Credit

The EITC is considered one of the most effective and widely used economic supports for low-income people.¹⁶ Many people can apply for the EITC, and a diversity of individuals and families access the credit. In North Carolina, researchers found evidence that residents of rural counties were just as likely to claim the benefit as their urban counterparts.¹⁷ Another study found that the federal and state EITC policies are effective tools to reduce poverty and improve birth outcomes across racial and ethnic groups, particularly for Black mothers and birthing people.¹⁸

The federal EITC is particularly well positioned to positively impact economic stability of women and birthing people because of its broadly inclusive eligibility criteria. Filers are not required to have children to access the credit, so it can help promote economic stability throughout the reproductive years. The EITC also incentivizes work by providing in-work assistance and has increased the labor force participation of single mothers.¹⁹ Notably, by increasing the income of poor families, EITC contributes to additional spending and associated economic effects.²⁰ Politically the EITC tends to receive bipartisan support, potentially due to its many economic and health benefits. Though the EITC has helped many, additional opportunities to broaden its reach and impact remain.

Information and Insights from Existing Efforts to Align EITC and Maternal Health

The Role of the Maternal Health Workforce in Promoting EITC Uptake

Maternal health practitioners have a role in promoting use, or 'uptake' of the EITC because they often have systems in place for social determinants screening and serve women and birthing people throughout the life course. In many settings, maternal care providers may assess social needs that individuals experience (such as housing or food insecurity) and be positioned to provide information on available social supports to meet

those needs. Questions about economic stability that help maternal health providers identify if individuals are aware of and have access to tax filing resources, and if they are eligible for the EITC credit, could be incorporated into existing screening tools. To further facilitate a full stream approach, maternal health professionals could increase the breadth and diversity of their partners to include service organizations (mid-stream) and others who work to promote economic stability in the communities they serve (upstream).

The Role of the Health Resources and Services Administration in Promoting EITC Uptake

The Health Resources and Services Administration (HRSA) is well-positioned to support maternal health professionals in their efforts to promote EITC uptake because of their longstanding relationships with programs that serve maternal populations throughout the life course, and because of alignment with the federal government's promotion of economic stability as a strategy to improve population health.

Longstanding relationships with maternal health programs

HRSA supports programs in the clinical and non-clinical setting such as Federally Qualified Health Centers, Maternal, Infant and Early Childhood Home Visiting, the Title V Maternal and Child Health Block Grant, and Healthy Start. As a primary funder and source of technical assistance to these programs, HRSA can help these organizations to strategically align their existing resources and structures in ways that facilitate programmatic and staff efforts to promote the EITC. Potential examples include creating funding opportunities for staff time to connect families to economic assistance or tax filing support, encouraging innovations in screening for social determinants in notice of funding awards, and modeling collaboration with Medicaid, US Department of Housing and Urban Development and other offices that work upstream to impact maternal health at the federal level.

Alignment with federal initiatives promoting economic stability as a pathway to health

Promoting EITC uptake also represents an opportunity for HRSA to align their work with at least three interrelated federal health initiatives that have embraced the expansion of economic supports as a strategy for promoting population health equity: the [White House Blueprint for Addressing the Maternal Health Crisis](#), [Healthy People 2030](#), and the [Health Impact in 5 Years](#) initiative.

The White House Blueprint for Addressing the Maternal Health Crisis

The [White House Blueprint for Addressing the Maternal Health Crisis](#) defines the Biden-Harris administration's commitment "to cutting the rates of maternal mortality and morbidity, reducing the disparities in maternal health outcomes, and improving the overall experience of pregnancy, birth, and postpartum for people across the country."²¹ Goal 5 for meeting this commitment is to "Strengthen Economic and Social Supports for People Before, During, and After Pregnancy." While the Blueprint does not explicitly identify EITC as a target for action, it does lay out strategies "to tackle the non-medical structural forces driving inequity in maternal health, including housing insecurity, food insecurity, environmental stressors, and economic insecurity," which includes "building better linkages between [supportive] programs so that pregnant and postpartum women can more easily obtain services that address their needs outside the doctor's office" (Strategy 5.1).

Healthy People 2030

An initiative of the Department of Health and Human Services, [Healthy People 2030](#) identifies economic stability as one of five domains of social determinants of health and sets a related goal to "help people earn steady incomes that allow them to meet their health needs."²² Underpinning this commitment is the empowerment of individuals to find and keep jobs, address their health, and achieve economic stability.

The Centers for Disease Control and Prevention (CDC) Health Impact in Five Years

The CDC developed the [Health Impact in 5 Years](#) initiative to address health outcomes through community-wide approaches that work at the policy level and are shown to achieve positive health impacts within five years. The federal EITC and similar state or local credits are highlighted among interventions addressing social determinants of health, and as “one of the most effective public health interventions you’ve never heard of” in a corresponding [EITC Public Health Action Guide](#).²³ The CDC, alongside the National Network of Public Health Institutes, and the Georgia Health Policy Center, facilitated an EITC Policy Lab in 2021 that convened several state coalitions working with public health entities to increase uptake of the EITC.²⁴ The summary report from that effort focuses on approaches to collaboration around EITC specifically, and social determinants of health more broadly. The report notes the following roles for public health professionals in EITC implementation:

- Bring a front-line perspective and foster trusted relationships, including with the community.
- Act as a connector, bringing holistic perspectives on health and well-being, including economic health.
- Link EITC implementation to other social determinants of health initiatives.
- Be a convener for policy and strategy development, and a trusted source for credible data.
- Serve as a communicator, developing messaging adaptable for local communities.

The EITC Participation Gap

Eligibility for EITC is broadly based on earned income, age, citizenship/residence status, filing status and number of dependents.²⁸ Some individuals are unaware of their eligibility, which is echoed by findings that knowledge of EITC alone is not sufficient to close the gap between its availability and its uptake.²⁹ It is thought that around 20% of eligible filers do not claim the federal tax credit. Lanier and colleagues suggest that such a participation gap “requires policymakers and researchers to consider questions such as who is left out, what are the individual and systemic barriers to their participation, and how can EITC participation improve.”³⁰ They go on to urge further work investigating the patterns in knowledge and uptake of the EITC, specifically across racial, ethnic, educational, cultural and social networks.

Who is not claiming the EITC?

People who are eligible for higher tax credits are more likely to claim the EITC than those who are eligible for lower credits.²⁵ Promoting EITC uptake among earners with the lowest incomes is a particular challenge. If their income is below tax filing thresholds and they do not file federal returns, individuals or families do not have the opportunity to claim the credit, even though they are eligible.²⁶ A recent change in an individual or family’s financial situation may also diminish access to EITC.

Researchers at the IRS report that EITC non-participants are more likely to be those who:

- Live in rural areas
- Are self-employed
- Receive disability income or have children with disabilities
- Are without a qualifying child
- Are not proficient in English
- Are grandparents raising grandchildren
- Are recently divorced, unemployed, or experienced other changes to their marital, financial, or parental status.²⁷

Complexity Creates Challenges for Interventions to Close the Gap

Research into the impact of “nudges” (small changes to the choice architecture surrounding a decision that aim to alter people’s behavior without meaningfully changing incentives) on the uptake of EITC illustrates the complex and systemic forces that impact EITC participation. Contrary to previous research, Linos and team found no evidence supporting the efficacy of information-focused “nudge” interventions.²⁸ Based on these results, the researchers suggest that nudges can be an effective part of a “policy toolkit,” but the

complex nature of EITC uptake requires “higher-touch interventions that simplify the underlying processes.”²⁹ A related study looked at the demographic variables associated with the uptake of EITC among Californians with low incomes. This work suggests several structural interventions which may improve the chances that those who are most challenging to reach will receive the benefits, including: improved social safety-net programs; clarified EITC messaging and communications; simplified IRS website and services’ language and availability in multiple languages.^[66] These studies and others suggest that multiple and community-wide approaches must be implemented to address the EITC participation gap.

Closing the Gap: The Role of the HRSA and the Maternal Health Workforce

HRSA’s established relationships with maternal health programs positions them to support maternal health professionals in their efforts to promote EITC uptake as part of a broader strategy to increase the economic stability of maternal populations. Maternal health professionals can take multiple actions to promote EITC uptake. First, increased awareness of eligible filers who are less likely to be EITC participants (“non-participants”) could help identify who is at risk for not claiming the EITC. Next, fostering an awareness of the approaches that have been shown to positively impact EITC knowledge, access and participation, such as structural interventions that clarify and simplify language across multiple platforms, would also help close the participation gap. In all, being attentive to the resources needed and the barriers encountered by people of reproductive age to access the EITC would improve participation, and thereby the economic benefits for maternal populations.

An Example from Colorado: EITC and MCH

Colorado has initiated several efforts as part of their Title V-supported MCH work to help increase use of the EITC, while also increasing economic mobility and improving maternal and child health outcomes at the population level. This brief example illustrates how other states can consider incorporating economic supports into their maternal (and child) health promotion strategies.

Increasing Economic Mobility is a Title V Priority

The Colorado Department of Public Health and Environment (CDPHE) includes “increase economic mobility” as an MCH priority and has a corresponding State Action Plan goal to achieve this priority by “addressing racial inequities and disparities in our policies, practices, and systems.”³⁰ The three strategies they are currently implementing to support this goal are:

- (1) Identify and implement policy/systems changes that support increased tax credit claims.
- (2) Engage community partners using a life course perspective to strengthen and expand common eligibility and enrollment in services that support economic mobility.
- (3) Gather and share data, research and policies related to improved access to economic mobility and the benefits of improved economic mobility among Coloradans.

Their State Performance Measure for this goal is “Percent of children in poverty according to the supplemental poverty measure.” Other measures related to the priority include several state outcome measures such as the pregnancy-related mortality ratio (per 100,000 live births), the Racial Equity Index Score (0-100) and the percent of children ages 0-17 years who experience household food insecurity.

Get Ahead Colorado: State Health Department Builds on Philanthropy’s Success

The most visible aspect of these strategies is Get Ahead Colorado, a public information campaign aimed at creating awareness about tax credits like the EITC and the Child Tax Credit. Get Ahead Colorado was originally developed and led by Gary Community Ventures, a philanthropic organization focused on increasing opportunity for Colorado kids and families. It was later transitioned to the state health department after decades of demonstrated success. A statement on the transition from 2021 includes the following:

“Thanks to the support of its more than 400 partners, Get Ahead Colorado, a public information campaign aimed at creating awareness about the Earned Income Tax Credit, has helped hundreds of thousands of working families claim cash-back tax credits each year. Components of the work of Get Ahead Colorado will be incorporated into the Maternal and Child Health (MCH) program’s efforts at CDPHE to impact economic mobility for Colorado families. Colorado MCH is committed to improving the health of Colorado families through increasing access to income supports and economic mobility, including tax credits. Community-based partnerships have been crucial to the campaign’s impact, and the MCH program will leverage existing CDPHE partnerships in concert with the Get Ahead Colorado data tool, partner database, and communications materials to continue Get Ahead’s mission of ensuring more families take advantage of tax credits.”³¹

Get Ahead Colorado offers resources such as 2-1-1 Colorado, a statewide service connecting families to needed resources, the Colorado Volunteer Income Tax Assistance (VITA) program, and New American Neighbors’ multilingual resources and services. In 2023, Get Ahead Colorado began using text messages to raise awareness among earners eligible for the EITC and the Child Tax Credit, including those who earn up to \$65,000 and parents or caregivers who earn up to \$65,000 and have dependent children under 16 years old. Messages inform Coloradans that they may be eligible for these credits and connect them to free tax services where they can apply to receive them.

Continuous Learning and Improvement

In their 2023-24 State Action Plan for Increasing Economic Mobility, CDPHE MCH includes eleven activities to support the objective: “Identify and implement policy/systems changes that support increased tax credit claims.” The activities that support this objective include applying lessons learned from prior years’ experience relative to effective approaches for outreach, continuing to convene a state agency workgroup, and partnering with the Essentials for Childhood program.

In sum, Colorado is an excellent example of how a state can increase the economic mobility of its earners through intentional and targeted efforts supported by HRSA funding. Several methods should be noted as contributors to that success including:

- (1) a tiered system of targeted outreach that offers free services and support,
- (2) community partners and interventions created for specific social networks (i.e., older adult filers, filers whose first language is not English, filers who identify as having a disability),
- (3) a continuous cycle of data gathering and sharing to improve knowledge of uptake and barriers, and
- (4) messaging that reiterates the connection between economic mobility and family resilience, birth outcomes and generational health.

Opportunities for Action

Tailor Outreach and Communication Materials to Meet Different Groups’ Needs

Though maintaining economic stability is a common challenge, the support individuals need and the barriers they face accessing that support will vary. The Colorado case study demonstrates the importance of tailoring outreach to different groups when providing information on EITC and other economic supports. Professionals in Colorado used a tiered system of targeted outreach to offer free services and support. Title V professionals collaborated with community partners to develop interventions customized for specific social networks (e.g., filers whose first language is not English, filers who identify as having a disability, etc.).

Promote Social Determinants of Health Screening and Connections to the Systems Needed to Respond to Identified Needs

Maternal health professionals can take a full stream approach to maternal health by using tools to screen for social determinants of health among women and birthing people. Screening in downstream clinical settings for

economic instability is more effective if patients also receive resources that help connect to appropriate programs and/or services that promote economic stability – usually in a more midstream setting. Combining screening with connections to services helps to identify, address, and even prevent drivers of poor maternal health outcomes. Because of broad eligibility criteria, information about the EITC can be shared with all individuals, regardless of their maternal status or existence of an immediate need for supports. Families' economic stability changes, and with broad eligibility criteria, the EITC may become useful to an individual later. Additionally, women and birthing people may not feel comfortable expressing a need when they are unsure how that information will be used, or if expressing that need will be of any benefit to them. Caution should be taken to ensure that questions are only asked if systems are in place for providers to respond to and support clients and patients in addressing those needs.³²

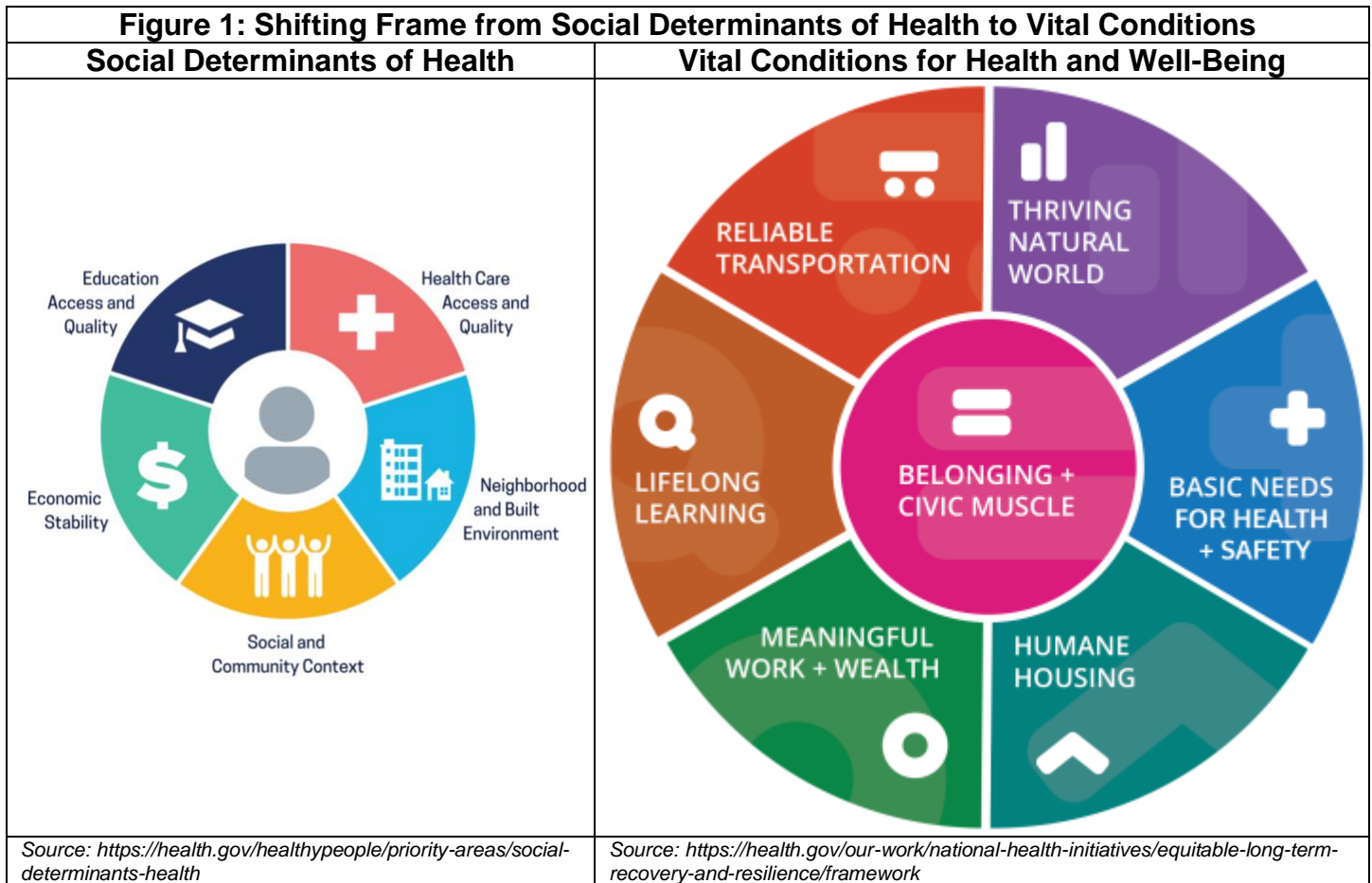
HRSA can support this work by continuing to fund enhancements to data infrastructure within the programs and initiatives they support. The Colorado case study demonstrates how effective outreach to increase EITC uptake incorporated a continuous cycle of data gathering and sharing to improve knowledge of uptake and barriers. HRSA can take upstream actions such as fund new systems to better document and measure social determinants of health, provide technical support in thoughtfully evaluating and monitoring these systems, and support staff time to support analysis of the data and action on findings.

Consider the Vital Conditions for Health and Well-being to Frame Efforts to Improve SDOH

While the term 'social determinants of health' is widely recognized and used within public health, the meaning of this term may be unclear to professionals in other sectors. Framing the conditions in which we live, work and play as the 'Vital Conditions of Health and Well-Being' (Figure 1) is an alternative that may allow partners in other sectors to more easily identify how their priorities align with those of maternal health practitioners.³³ This emerging framework has been adopted by the federal government as foundational to efforts aimed at positioning "public systems to evolve in ways that seek to address individual and community well-being as the primary outcome of policy, programs, and funding opportunities."³⁴ The Federal Plan for Equitable Long-Term Recovery and Resilience notes that the "vital conditions framework provides an actionable organizing structure to build connections and alignment across federal agencies and sectors."³⁵ Adopting a vital conditions framework can help maternal health professionals and leadership within their organizations to appreciate the value of their efforts to promote upstream drivers of health like economic stability. Additionally, this framing helps to create opportunities for nontraditional partners to see how their priorities align with those of maternal health professionals by clearly showing how factors like housing, transportation, and meaningful work all impact health.

Multiple agencies within the Department of Health and Human Services have already taken important steps to act on the social determinants of health and vital conditions.³⁶

HRSA can build upon this work by modeling the 'whole of government' approach outlined in the Federal Plan for Equitable Long-Term Recovery and Resilience and collaborate with other federal agencies to orient resources toward actions that address the vital conditions for health and well-being.



Encourage Exploration of Additional Economic Supports and Benefits Available in Specific Communities

Applying the vital conditions framework and a full stream approach, maternal health professionals can educate themselves and share information about additional economic supports when promoting EITC uptake. Partnering with local organizations and other government programs that support economic stability - or other vital conditions like transportation, housing, or meaningful work - can help the maternal health workforce to increase their ability to connect the women and birthing people they serve to available resources. In some cases, they can also use their existing health expertise to inform upstream efforts to create, expand, or otherwise adjust tax credit policies at the local, state, and federal levels.

HRSA can support this work by encouraging and allowing funding to be used to engage community partners already working to support access to social determinants such as affordable housing, reliable transportation, and healthy food access. HRSA can also encourage and support grantees to explore braided funding options to support their efforts to increase EITC uptake while engaging a variety of funders and partners in their work.

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