



2023

Impact Report:

Financial Hardship
Assistance Program

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The Boomer Esiason Foundation's Financial Hardship Assistance Program awarded **over \$240,000** to **107 families** from March to December 2023.

The average award per family was **\$2,274.64**.

Unmet Needs in the CF Community

Financial security is a matter of health for both people living with CF and their caregivers.

A [2019 study](#) reported that almost two-thirds of people living with CF face an unmet financial need related to debt, housing, and food security. These unmet financial needs have serious physical and mental health consequences for people living with CF, which highlights the urgent need for non-medical financial assistance in the CF community. These unmet financial needs exist among multiple other social conditions that have produced and continue to produce health disparities. These disparities may have been exacerbated by the COVID pandemic, as the pandemic had far-reaching consequences on the financial stability of the CF community. Despite the medical breakthroughs that have drastically improved the length and quality of life for 90% of people living with CF, there is still a need to address the social conditions that affect health outcomes on a long and short-term scale. Long-term social conditions have produced and continue to produce health inequities that must be addressed through policy and institutional change. The Boomer Esiason Foundation addresses the short-term financial needs of the CF community through its Financial Hardship Assistance Program.

“This past year we definitely struggled financially, the kids getting sick often, me having to call out of work often because of it, the vicious cycle of that.”

Program Background

In 2017, BEF launched its Disaster Relief Program in response to Hurricane Harvey, which provided assistance to over 50 families in need. The program provided supplies like nebulizers, surgical respirators, duffle bags, baby bottle sterilizers, hand sanitizer, and more to families living with CF in the Gulf Coast area in Texas and Mississippi. Later, BEF received applications for assistance from families affected by wildfires in California and other natural disasters. When the COVID-19 pandemic struck in early 2020, BEF relaunched its disaster relief efforts with the COVID-19 Cystic Fibrosis Disaster Relief Patient Assistance program. The program was developed to assist the cystic fibrosis community with the financial burdens posed by the pandemic. BEF provided assistance for food, mortgage, rent, transportation, home schooling needs, cleaning products, self-protection (masks, hand sanitizer, etc), home exercise equipment, and activity bags for youth and adults.

BEF awarded over \$275,000 in relief from winter 2020 to summer 2022.

The Disaster Relief and COVID-19 programs were reactive to the needs of families affected by natural disasters. After thoughtful program evaluation and a generous donation from the Caruso Family Foundation, BEF established a more proactive program that addresses financial need due to unforeseen issues that may not be related to CF. BEF consulted trusted members within the CF community – like partner organizations, healthcare providers and other legal and medical experts – to confirm this need, discuss best practices, and develop program rules. The new proactive program followed best practices from previous programs.

The Financial Hardship Assistance Program officially launched in early March 2023. The program provides assistance in the following areas, including but not limited to:

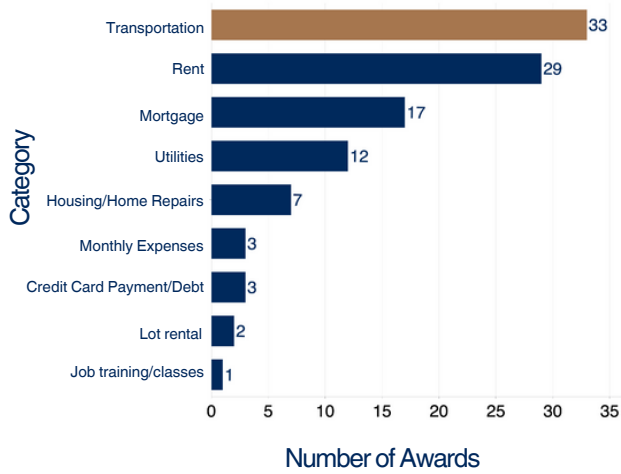
- Transportation
- Mortgage
- Rent
- Utilities
- Housing/Home Repairs
- Monthly expenses
- Credit card payment/debt
- Lot rental
- Job training

The program is open to US citizens or legal permanent residents of the US living with CF who cannot meet their financial obligations due to hardship. BEF pays third parties directly. The grant is a one-time award. The award cannot go toward medical bills, copay, coinsurance, or any other cost associated with healthcare.

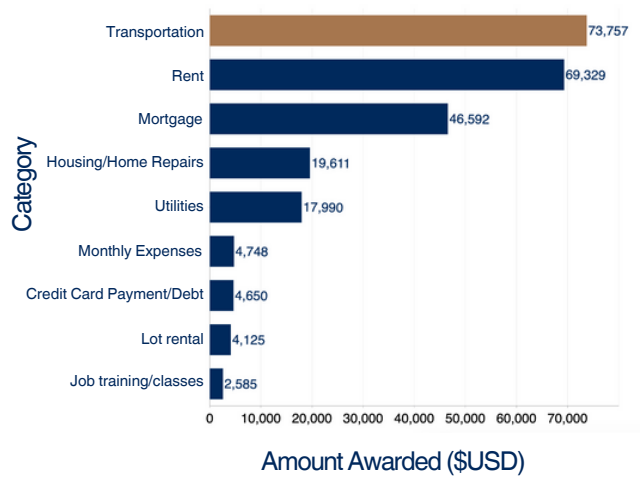
The program's goal is to provide temporary relief for families to achieve stability in times of need.

Areas of Need

Number of Awards per Category



Amount Awarded per Category



Transportation was the area of greatest need, with over \$73,000 awarded to 33 families.

SUBCATEGORIES

Transportation

- Car Payment (20)
- Car Repair (7)
- Car Down Payment (3)
- Car Insurance (3)

Utilities

- Electric (6)
- Cable/Internet/Phone (3)
- Gas/Electric (2)
- Bundled Utilities (1)

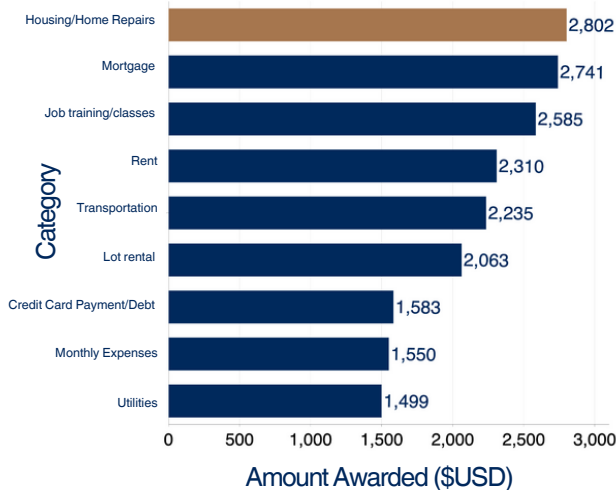
Housing/Home Repairs

- Appliances/Furniture (2)
- Home Improvement/Repairs (2)
- Home Down Payment (1)

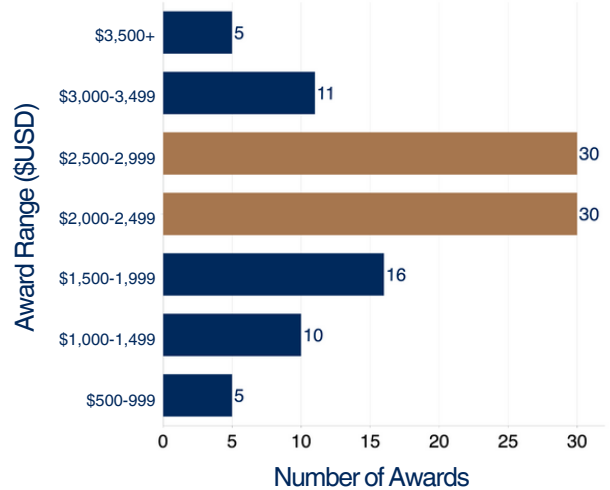
Monthly Expenses

- Clothing/Bedding/Toiletries (1)
- Meal Delivery (1)
- Storage Unit (1)

Average Award per Category



Amount per Award



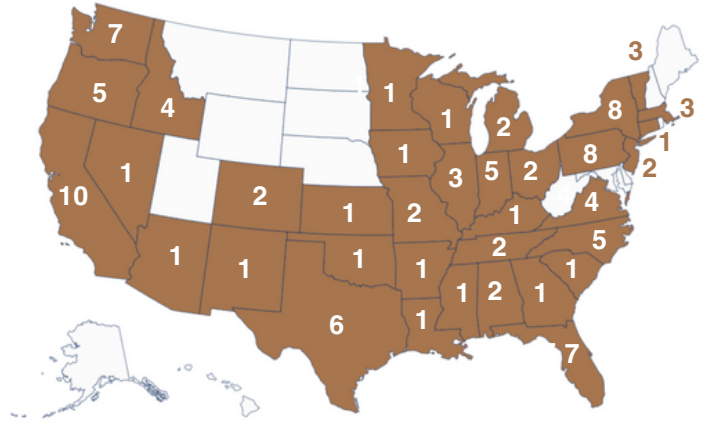
The average award for housing and home repairs was highest while utilities was the lowest.

The average award amount per family was \$2,274.64, with most awards falling in the \$2,000 to \$3,000 range.

Demographics

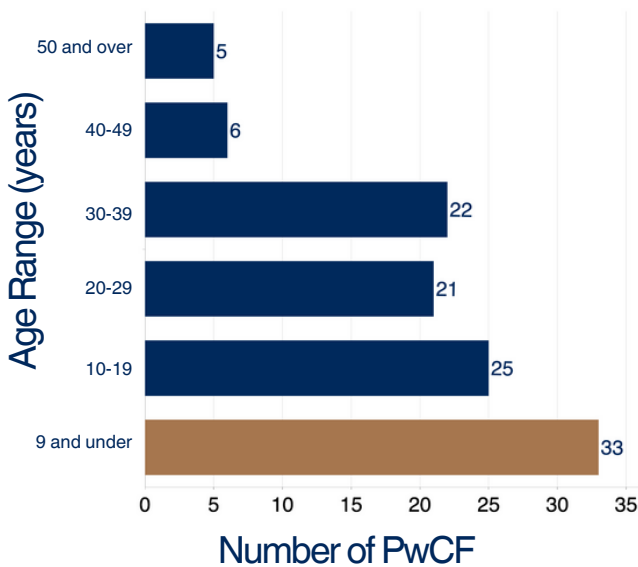
The most participating families came from the South (33) and West (31), while 25 came from the Northeast and 18 came from the Midwest (see Appendix).

45 (42%) participants lived in rural areas and 62 (58%) lived in urban areas. 43 (40%) lived in or bordering an Area of Persistent Poverty or a Historically Disadvantaged Community (see Appendix).



A large portion of participating families live in or near an Area of Persistent Poverty and/or a Historically Disadvantaged Community, indicating that in addition to the health and financial burdens of CF, these families may also face additional socioeconomic and environmental burdens.

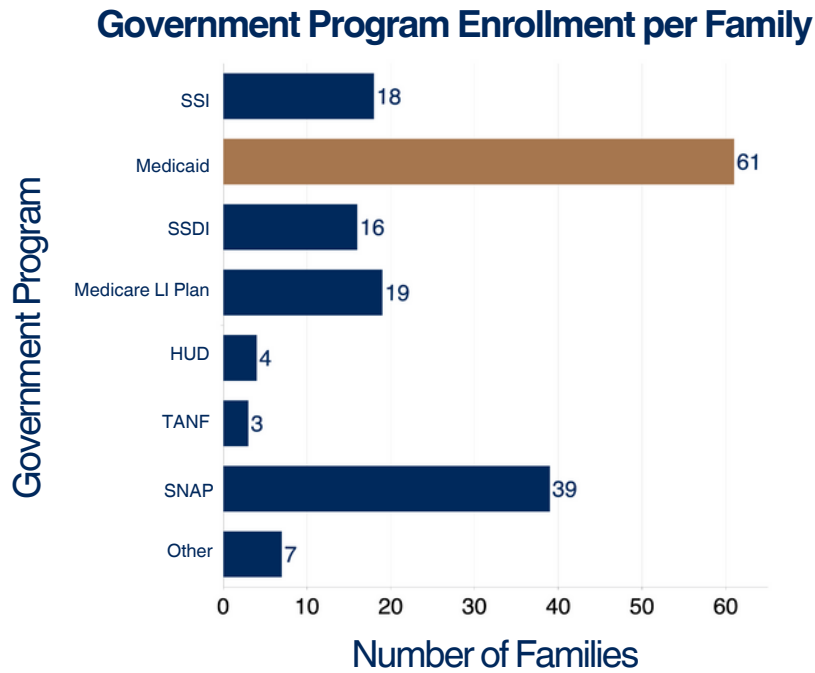
Age of Person with CF



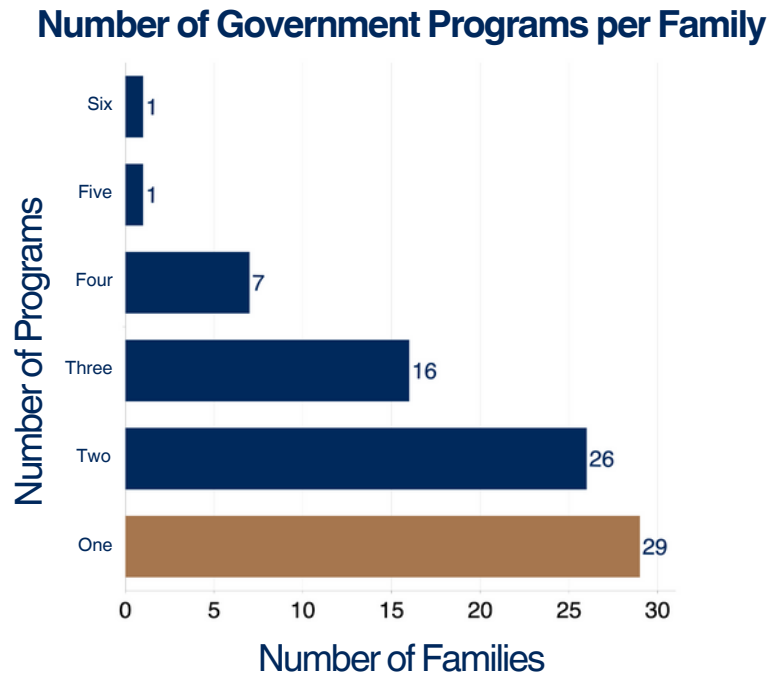
Applicants either applied for themselves as a person living with CF or for someone in their household living with CF. Roughly half (54) of applicants applied for themselves while 53 applied for a member(s) of their household. There appears to be roughly equal need between caregivers of children living with CF and adults living with CF.

In the application, only the ages of the person or people with CF in the household were collected. The slight majority (52%) of people living with CF in the program were 19 years old or younger and 5 families had more than one person living with CF in their household. Over 30% (33) of people living with CF affected by the program were 9 years old and younger, which was the largest age group of program participants living with CF.

Government Program Enrollment



About three in four (**80**) applicants were enrolled in one or more government programs. The most common program was Medicaid, followed by SNAP, Medicare low-income plan, SSI, SSDI, HUD, and TANF (see Appendix). Other programs included state unemployment and disabled child support programs. Medicaid may be the most common government program because in some states, children living with CF may be eligible for Medicaid regardless of income through programs like Katie Beckett or similar waivers.



Almost half (**51**) of all program participants were enrolled in more than one government program, with **9** families enrolled in four or more government programs.

Causes of Financial Hardship

EMERGENCIES

Most interviewees accessed the program because of an emergency. **29** interviewees reported that the issue that caused them to seek out the program was an emergency, **17** reported that the issue that caused them to seek out the program was part of a long-term trend, **4** responded both, and **2** responded neither. According to one survey, 44% of Americans cannot afford a \$1,000 emergency, so this problem exists beyond CF. However, the reasons why a person or family living with CF may not have the funds to afford an emergency may be different compared to the average American, as discussed below. About **40%** of interviewees indicated that their financial hardship was part of a long-term trend, which implies that the financial assistance may have only alleviated their financial situation in the short-term and that they may still have unmet needs.

“It was tough, that’s why I was really glad that you guys were there, you really saved my life because I don’t know how I would have got my bills paid without you.”

EXACERBATIONS

Exacerbations and hospital stays are a significant financial setback for families affected by CF. Many of the interviewees discussed their struggle to support their families on a single income and some households directly attributed their single income to CF. Many parents discussed having to choose between working full-time or caring for their child with CF. Single parents who were both caregivers and wage earners for their families expressed how they were under significant financial pressure, as exacerbations and hospitalizations disrupted their ability to simultaneously work and their ability to care for their child. Adults living with CF also reported how exacerbations and hospitalizations disrupted their ability to work and some reported that they lost their jobs due to their CF interfering with their work.

“Every time that my daughter gets sick, financially we’re not good because one of us has to stop working and you need two paychecks to live in this country.”

People living with CF and CF caregivers are faced with an impossible choice: to take care of their health or take care of their financial responsibilities. People living with CF have to choose between managing their CF and supporting themselves, while parents have to choose between taking care of their child or working. Clearly, existing social services are inadequate for families living with CF. If people living with CF and their families cannot afford basic necessities because of their health condition or their children’s, this is a sign that current employment and childcare structures may not be enough to support their needs. Until medical breakthroughs can cure CF, these structures must be evaluated and amended to properly accommodate the needs of people living with CF and their families, as well as all families affected by chronic and rare diseases. No one should be forced into financial hardship because of their health status.

Causes of Financial Hardship

COST OF LIVING

Some interviewees attributed their financial hardship to their wages not covering the rising cost of living. Many interviewees responded that the money that they saved from the expenses covered by the financial assistance allowed them to buy more basic necessities like supplements, groceries, diapers, baby formula, and clothing. These responses indicate that families often have to make trade-offs between necessities when faced with financial hardship. While the cost of living is not related to CF, individuals and families' ability to cope with the cost of living may be. As previously discussed, CF can interfere with both adults and parents' ability to work steadily, so increases in the cost of living may have more of an impact. Food was a significant source of stress for many interviewees, even if they did not use the assistance funds for food. People living with CF have increased nutritional needs, so when the price of food increases, families are put under additional stress. Food insecurity is an established need in the CF community and it was clear that although only one program award went directly towards food delivery, financial support indirectly alleviated families that were struggling with food costs.

“As a mom, you try to provide for your family and you put dinner on the table and then every day you worry...”

GOVERNMENT SUPPORT

Some participants in the program described issues with accessing government support as a contributor to their financial hardship. These issues included difficulty applying for benefits, long wait times to hear back from government agencies, and other bureaucratic hurdles. Changes in access to programs like COVID-era nutrition benefits and state disabled child plans were also cited as reasons for some families' financial hardship. These comments reveal that families cannot access programs that may benefit them and some are being cut off from programs that they rely on to survive. Beyond identifying the root causes of why families need these programs, there is a clear need to identify why these programs are inaccessible or why their access is being cut off to ensure that families can access the programs that they need.

“It doesn't help now that we lost all of the COVID help that was out there for food, it's gone now so now we're just struggling just to be able to buy food.”

Effects of the Program

VISIBILITY AND RECOGNITION

Interviewees responded that one of the long-term effects of the program was a sense of comfort that there was a safety net available in times of need and an institution that cared about people living with CF who may be struggling. Multiple people expressed that it was difficult to live with or care for a child with a chronic illness on top of managing everyday expenses, especially when exacerbations or emergencies disrupted daily life. In addition to expressing their gratitude for the financial assistance, interviewees also expressed their appreciation that there is a foundation that acknowledges the needs of the CF community and responds to people in hard times.

Interviewees shared their frustration about their financial situations and the stress that it put themselves and their families under, so the assistance acted as assurance that they were not alone in their struggles. The acknowledgement that people felt seen and cared for implies that people may feel left behind by existing social services and other institutions. One interviewee noted that they “didn’t look sick,” so people did not recognize their illness and their needs. Visibility and recognition appeared to be important effects of the program on families that felt that by providing financial assistance, BEF as an institution saw that families struggle with CF and recognized their needs.

“Emotionally, it was amazing and gave me hope in humanity that there are people who donate to causes like this to help families that may struggle with kids with CF.”

PROGRAM ACCESSIBILITY

A few participants mentioned that other assistance programs were not as effective and it was a relief to easily access BEF’s program. One interviewee noted that some other programs were not able to help them in the magnitude that BEF helped them and another interviewee noted that some other programs’ applications were complicated. This echoes some of the comments made by clinicians in later interviews. Interviewees also appreciated that BEF offered general assistance that was not related to CF and that there was no age limit on who could receive assistance. Multiple interviewees commented that BEF’s application was straightforward and that BEF staff was responsive to their questions. As mentioned earlier, interviewees noted that the program made them feel seen and acknowledged. Given interviewees’ relief that the program was easy to access compared to others, it is clear that CF families are experiencing barriers to accessing assistance that must be acknowledged and addressed by institutions that offer assistance. The presence of the program itself and the responsiveness of BEF made participants feel seen and acknowledged. Interviewees expressed their gratitude that there is an organization there to support them in times of need.

“You were the first foundation that was mentioned and the only foundation that was able to lend a hand when we really needed it.”

Effects of the Program

RECOVERY

“I was able to rest and recover, get back on my feet health wise and mentally as well before returning to work.”

Interviewees noted that the financial assistance helped to improve both their financial situation and their health. Many interviewees noted that the program’s financial assistance provided an opportunity for them to rest and recover. Adults living with CF noted that instead of pushing themselves to work more because of the financial hardship caused by their health issues, the financial assistance assisted in their physical recovery. These comments emphasize the clear connection between health and financial security, as well as the “vicious cycle” that people affected by CF can get caught in due to exacerbations. Parents of children living with CF noted that they could focus their attention on their child’s well being instead of on financial matters, which significantly relieved their stress. No parent should have to choose between being there for their sick child and ensuring that they have a roof over their head or food on the table. Families are making trade-offs between the two, which shows that existing social services are inadequate for families living with rare and chronic illness.

MENTAL HEALTH AND RELATIONSHIPS

The overwhelming majority of interviewees (96%) responded that the program positively impacted their mental health. Financial insecurity was a huge source of stress for many interviewees, as some interviewees faced serious threats like eviction and homelessness prior to receiving financial assistance. Respondents also mentioned that the financial assistance positively affected their relationships with other members of their household. Financial stress can be a significant strain on relationships and many respondents stated that the financial relief alleviated stress for their partners and relatives. Parents noted that although they try to keep their financial struggles hidden from their children, they were also experiencing distress over their financial situation, which the assistance helped to alleviate. Caregivers also appreciated that the financial assistance gave them some breathing room to celebrate holidays like Christmas and birthdays. Considering the significant impact of negative mental health outcomes on people living with CF, it is important to discuss how financial insecurity contributes to these adverse outcomes. **Addressing financial insecurity can help to improve both physical and mental health outcomes for people and families living with CF.**

“It really helped my mental health just to feel like I was heard and people understand that it is really a struggle caring for someone that has cystic fibrosis.”

Areas for Further Research

The causes of financial hardship identified in this report merit further academic research in order to better understand the challenges facing the CF community and to create comprehensive solutions to ensure the best quality of life for all people living with CF. Testimonies from interviewees reveal how detrimental exacerbations are to financial security, which serves as a call to action to investigate why exacerbations are so devastating and how existing social services fail the CF community.

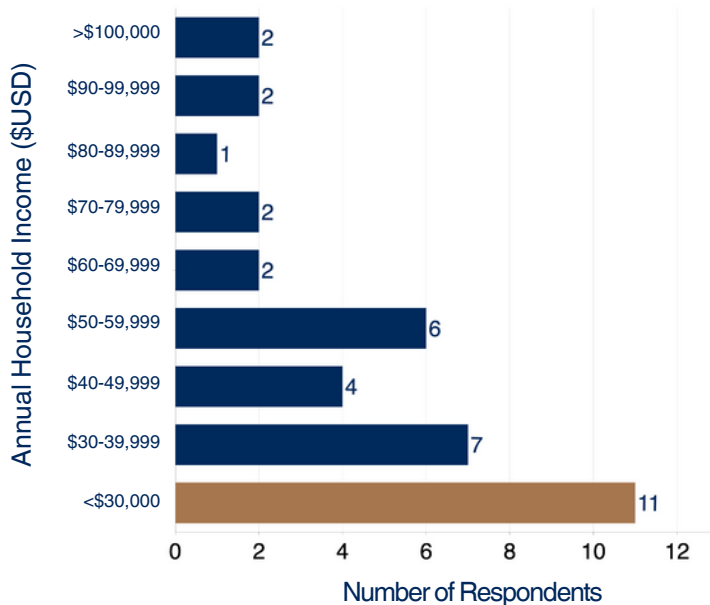
The following questions have been identified as opportunities for further research:

- **Why do exacerbations lead to financial strain for individuals and families living with CF?**
- **Are disability accommodations for people living with CF and CF parents adequate to cover exacerbations?**
- **How do the employment patterns of people living with CF who benefit from Trikafta compare with the employment patterns of people living with CF who do not benefit from Trikafta?**
- **How are individuals and families living with CF impacted by changes in cost of living compared to families living without CF?**
- **How are individuals and families living with CF impacted by changes in access to government programs like Medicaid and SNAP compared to families living without CF?**

Demographics

SURVEY DATA

Annual Household Income



- Roughly half (**18**) of respondents had a household income of less than \$40,000.
- The median household size was **3** people.
- Roughly half (**18**) of respondents had a high school education or less.
- **76% (28)** identified as White, **14% (5)** identified as Hispanic or Latino, **5% (2)** identified as Black or African American, **3% (1)** identified as both Black or African-American and Hispanic or Latino, and **3% (1)** identified as Other.
- **21** responded identified their relationship status as “Married/Living Together”, while **7** responded “Single/Never Married,” **6** responded “Divorced,” and **3** responded “Separated.”

“You guys really just came in and took a big weight off of my shoulders and allowed me to be able to breathe, as that was within a year of me getting divorced and going from stay at home mom to having to work and support my family, and you were able to help me get on my feet and get moving.”

20 respondents identified as either a parent (**18**), care provider (**1**), or other relative (**1**) of a person living with CF and **17** identified as a person living with CF.

23 respondents responded that they or their children took a CFTR modulator (Trikafta, Symdeko, or Orkambi) while **13** responded that they or their children did not take a CFTR modulator and **1** respondent did not specify. Those who are ineligible for modulators may have more adverse health outcomes and may be more likely to experience financial hardship due to health-related loss of income. This raises the question if modulator status is related to financial hardship. The impact of CFTR modulator status on financial security should be studied to better understand and support the needs of all 100% of the CF community.

More respondents responded “agree” or “strongly agree” that CF impacted their education and career goals as well as their ability to manage household tasks than “disagree” or “strongly disagree.”

Most applicants (about **70%**) rated their ability to pay household bills on time positively or neutrally.

Most respondents rated their health due to CF as “good” (**17**) or “fair” (**14**). **Four** respondents rated their health as “poor” (**2**) or “very poor” (**2**). **Two** respondents did not answer this question.

Key Findings

BEF spoke with **10** CF social workers and physicians who recommended more than one patient to the program to discuss the impact of the program and found the following:

- **BEF is targeting patients' areas of greatest need.**
 - Clinicians identified the following as their patients' areas of greatest need:
 - **Rent, transportation, utilities, home repairs, food, electricity, and cell phone costs**
 - Grants for these types of non-medical expenses are less common but still necessary for individuals and families living with CF
- **CF physicians identified other areas of need.**
 - Out-of-pocket medical costs, mental healthcare, vitamins and supplements, fertility treatments, diabetes-related expenses, obesity management, and exercise-related expenses
 - These expenses are not covered by the Financial Hardship Assistance Program, but help to contextualize patients' needs in addition to basic living expenses
- **The program's accessibility was a key feature.**
 - No income minimum, no proof that hardship was directly caused by CF, no notarization of application
 - Clinicians noted that the program was helpful to people whose income excludes them from government assistance programs but still have areas of unmet financial need
- **Clinicians suggested more clear communication about what type of assistance the program offers and limits on the amount that applicants can request, as well as more Spanish language resources.**
 - These communications would help to set applicants' expectations and provide guidance as to what requests are appropriate
 - Some Spanish-speaking applicants could not access the application

Program Strengths

IMPACT & NEXT STEPS

ACCESSIBILITY

Both clinicians and interviewees noted that the application process was easy, accessible, and helpful that BEF offered support for non-medical expenses, as relief in those areas was difficult to find for some participants. One interviewee noted that it was helpful that there was no age maximum to receive aid. Clinicians also noted that it was helpful that the program was open to people who were not receiving government aid and there was no income maximum, as many people whose income is above the threshold for government assistance still face unmet financial needs.

“I think it was easy, I didn’t have any trouble getting the stuff... It’s not as complicated as other ones that I’ve had to use before.”

RESPONSIVENESS

Many interviewees noted their appreciation of the foundation’s responsiveness to their requests and any questions that they had about the program. Participants praised BEF’s communication over email and phone, as well as how quickly BEF was able to assist them. Some interviewees whose situations were time-sensitive noted that the foundation was able to swiftly respond and meet their needs in a time of crisis. Interviewees also noted that BEF was either one of or the only foundations that responded to their requests for assistance and provided the most financial support. Interviewees used the following words to describe BEF’s response to their requests: “prompt,” “flexible,” “helpful,” “communicative,” and “thorough.”

“Any time I emailed [BEF], [your team] was johnny-on-the-spot... went over and beyond. [If] I had a question, [your team] was just there.”

EFFICACY

Program participants and social workers expressed their appreciation that the program covered their most important expenses or their patients’ areas of greatest need. Many interviewees that had housing-related assistance expressed how important it was for themselves and their families to have a stable living situation, as some reported facing eviction or homelessness before receiving assistance. Participants who received transportation-related assistance noted how reliable transportation was essential for their access to healthcare.

“You guys were prompt, you helped in the way I needed y’all, you had the funding to help.”

KINDNESS

Interviewees repeatedly commended BEF’s kindness and patience with their sensitive situations. Many participants specifically mentioned their positive interaction with BEF staff as a highlight of their experience with the program and used these words to describe their interactions with BEF: “engaged,” “patient,” “awesome,” “kind,” and “over and beyond.”

“Everybody was so nice to deal with, it was a wonderful experience.”

Areas for Improvement

Clarity

Both interviewees and clinicians noted that they would have appreciated more information regarding what type of assistance to apply for and how much assistance they should ask for in their application. Some participants expressed frustration that certain requests were denied because these requests would interfere with their government assistance or were confused by BEF's decision to award assistance in some areas over others in order to not interfere with their government assistance. Some interviewees and social workers requested more clear information and FAQs on BEF's website so they could have more realistic expectations of the assistance before applying.

Communication

Many interviewees expressed that they wanted more frequent communication from BEF regarding each step of their application's status. While applicants were notified when their requests were approved and mailed out, some applicants wished to know when their application was received and processed as well. Some participants also wanted an opportunity to share more about their personal situation with the foundation to provide context for their application. While some applicants sent a separate email or included an additional document in their application for a personal statement, some respondents who did not do so noted that they would have liked a formal opportunity to tell their stories and hesitated to send materials that were not explicitly called for. Clinicians also noted that for Spanish-speaking families living with CF, the application and program materials were inaccessible.

Speed

While many interviewees praised BEF's quick response to their requests, a few noted frustration that the foundation's response did not move as quickly as they would have liked. Some reported feeling stress and anxiety from waiting for the program's assistance to go through. While BEF treats every case as an emergency, determining what assistance is compatible with government benefits is a complicated and time-consuming process, which may affect processing times for some applicants.

Next Steps

- **BEF can engage in more thorough outreach, especially to rural areas and in the Midwest, to better expand the reach of the program.** This can include a broader communications campaign and more direct outreach to CF centers located in rural areas and to CF centers in the Midwest region.
- **Clinicians brought to BEF's attention that some applicants could not access the application because of a language barrier.** During the interview process, BEF also encountered participants who could not be interviewed because of BEF's lack of Spanish-speaking resources. BEF can develop Spanish language resources for this program to improve its accessibility to those who speak Spanish.
- **Both interviewees and clinicians requested more information regarding what specific categories BEF can provide grants for and how much assistance each applicant can receive.** BEF can expand and clarify our program's policy on awarding assistance in order to not disrupt an applicant's access to their government benefits. BEF can also clarify that there is no limit to how much assistance an applicant can request, but funds are limited and awards are determined on a case-by-case basis.
- **Many participants wished that they could have expanded more about their personal situation when they applied,** so the program can consider expanding opportunities for communication with applicants. This can be done by adding an option in the online application for applicants to submit either a written or video personal statement. During the 2023 program cycle, many applicants sent a follow-up email to describe their personal situation, so this option can be formalized as a question in the online application.

Looking Forward

There is a clear and demonstrable need for financial assistance in the CF community. Stakeholders in both the public and private sectors must work to strengthen social services for people living with rare and chronic diseases like CF in order to improve health outcomes and to ensure that all people, regardless of health status, have the opportunities and resources that they need to thrive. Interviewees reported that the program was the most helpful, least complicated, and most flexible option available to them when they sought financial assistance. This should serve as a call to action for improved and expanded options for those seeking emergency aid.

“I hope you guys realize that it has such a ripple effect and it lasts a lifetime.”

Both people living with CF and caregivers of people living with CF reported facing difficulties on financial, physical, mental, and emotional levels. BEF correctly identified areas of highest need in the CF community and delivered prompt and effective aid with sensitivity and kindness. This program addresses unmet financial needs in the CF community and had a clear positive impact. The program helped families out of crises and acted as a catalyst for families to work towards a more secure financial future. Assistance from the program impacted patients’ mental health, physical wellbeing, and interpersonal relationships, which carries over throughout lifetimes and across generations.

We would like to extend our deepest gratitude to the CF community, caregivers, doctors, and social workers whose collaboration made this report possible.

“I think that it gives those who go through financial hardships a sense that there are foundations out there like BEF that really practice what they preach and they deliver in the time of need.”

While research and awareness are valuable ways to better the lives of people living with CF and their families, patient-centered programs can help to alleviate immediate material needs in the CF community that impact health outcomes. Healthcare affordability and accessibility should continue to be at the forefront of advocacy efforts to address unmet needs in the CF community considering the toll that exacerbations and hospital stays have on financial security. Access to innovative, effective medicines can allow people to live healthier lives, keeping them out of the hospital and working to support themselves and their families. Health inequities in CF must also be identified and broken down through active advocacy and policy efforts to ensure that all people living with CF have every opportunity to live their healthiest, longest lives.

Appendix



Data for the Financial Hardship Assistance Program Impact Report was collected in four separate stages: applications, interviews, surveys, and clinician discussions.

First, applicants were asked to complete an online form to apply to the program. In 2023, the program awarded 107 families, whose applications were collected and analyzed. Of those 107 families, 52 individuals from each family completed phone interviews to assess their experience with the program. Of those 52 interviewees, 37 completed post-interview surveys to better understand their background. For the last stage, BEF discussed the program with 10 social workers and CF doctors (hereby referred to as clinicians) who recommended more than one family to the program to better understand the program's efficacy and reach. The data collected in each of these stages are presented in this report.

Demographics (p.7):

Census South Region: DE, DC, FL, GA, MD, NC, SC, VA, WV, AL, KY, MS, TN, AK, LA, OK, TX

Census West Region: AZ, CO, ID, NM, MT, UT, NV, WY, AK, CA, HI, OR, WA

Census Northeast Region: CT, MA, ME, NH, RI, VT, NJ, NY, PA

Census Midwest Region: IN, IL, MI, OH, WI, IA, KS, MN, MO, NE, ND, SD

Using the Department of Transportation's Grant Project Location Verification Tool, BEF determined if a program participant lived in an urban (population greater than 200,000 people) or rural area (population less than 200,000 people). The tool also allowed us to determine if a participant lived in an Area of Persistent Poverty or a Historically Disadvantaged Community. This tool screens for areas disproportionately affected by poverty, pollution, underdevelopment, high energy costs, and other socioeconomic burdens, which can help to illuminate the social determinants of health that families may face.

Government Program Enrollment (p.8):

SNAP: Supplemental Nutrition Assistance Program

SSI: Supplemental Security Income

SSDI: Social Security Disability Insurance

HUD: Housing and Urban Development Housing Choice Voucher

TANF: Temporary Assistance to Needy Families