



What Explains the Widespread Material Hardship among Low-Income Families with Children?

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December 2018

Children in families that experience material hardship—the inability to meet basic needs such as shelter, food, and medical care—face significant challenges. Hardship has not only been linked to poor health, cognitive, and behavioral outcomes among children in the short term, but it may also contribute to the negative association between childhood poverty and long-term health and economic prospects (Ashiabi and O’Neal 2007; Chaudry and Wimer 2016; Gershoff et al. 2007; Ratcliffe 2015).¹ Hardships in early childhood may be particularly detrimental given the rapid brain development that occurs during this period (Duncan, Ziol-Guest, and Kalil 2010; Shonkoff, Boyce, and McEwen 2009).

It is therefore important to understand the prevalence of material hardship among families with children and the factors beyond income and poverty associated with their hardships. In this brief, we use data from the December 2017 round of the Urban Institute’s Well-Being and Basic Needs Survey to assess hardship prevalence for parents with children under age 19 in 2017, how this varies by family income and children’s ages, and the characteristics of low-income parents who report hardships. We then identify factors associated with material hardship among low-income parents, who we define as having family incomes below 200 percent of the federal poverty level (FPL). We find that

- more than two-thirds (68.5 percent) of low-income parents living with children under age 19 reported problems paying for housing, utilities, food, or medical care in the past year;

- among low-income parents, 72.8 percent of those with children under age 6 reported at least one type of material hardship, compared with 64.6 percent of those who only had children ages 6 to 18;
- over half of low-income parents reporting hardship had incomes above poverty, nearly half were married, and over 40 percent were non-Hispanic white; however, poor, single, and non-Hispanic black parents constituted a larger share of low-income parents reporting hardships relative to their share of all low-income parents;
- more than 4 in 10 low-income parents reporting hardship had health problems, and most experienced a financial shock in the past year;
- physical and mental health problems or disabilities, unexpected declines in income, and unexpected expenses were associated with increased risk of hardship, after controlling for other characteristics; and
- access to savings or credit, homeownership, and health insurance coverage were associated with reduced hardship, with confidence in the ability to cover a \$400 emergency expense having the strongest negative association with hardship.

Background

Many families with children experience material hardship at some point during the year (Karpman, Zuckerman, and Gonzalez 2018a; Neckerman et al. 2016). Hardship is associated with adverse outcomes for both young and school-age children (Slack and Yoo 2005; Yoo, Slack, and Holl 2009; Zilanawala and Pilkauskas 2012) and may affect children’s well-being through several mechanisms:

- Poor nutrition, lack of medical or dental treatment, and poor housing quality can have direct negative effects on health (Eicher-Miller et al. 2009; Ganesh et al. 2017).
- Material hardship may negatively affect child health and social-emotional development by increasing parent stress and depression, which may lead to a reduction in positive parenting practices such as effective discipline, engagement, responsiveness, warmth, and structure (Ashabi and O’Neal 2007; Gershoff et al. 2007; Mistry et al. 2002; Zaslow et al. 2009).²
- Material hardship can make it more difficult for parents to provide cognitively stimulating experiences (e.g., providing books in the home or visiting libraries and museums) that enhance children’s intellectual development (Gershoff et al. 2007; Zaslow et al. 2009).
- Residential instability and other intense or prolonged stress in childhood are associated with poor academic, health, and behavioral outcomes and lower educational attainment (Ratcliffe 2015; Sandel et al. 2018; Sandstrom and Huerta 2013; Shonkoff, Boyce, and McEwen 2009).

This study builds on the growing research on material hardship among families with children by focusing on factors associated with hardship among low-income parents. Though hardship is concentrated among low-income families, earlier research has found that income explains only a

modest share of the variation in hardship (Mayer and Jencks 1989). Studies that look beyond the effects of income have found that job loss, other income shocks, and physical and mental health problems are associated with greater difficulty meeting basic needs, and financial assets, homeownership, health insurance, and social support networks may serve as buffers against hardship (Gundersen and Gruber 2001; Heflin and Butler 2012; Heflin, Corcoran, and Siefert 2007; Kalil, Seefeldt, and Wang 2002; Lerman and Zhang 2014; McKernan, Ratcliffe, and Vinopal 2009; Mills and Amick 2010; Mills and Zhang 2013; Pilkauskas, Currie, and Garfinkel 2012; Reichman, Teitler, and Curtis 2005; Sullivan, Turner, and Danziger 2008). However, several of these studies use data that may not be generalizable to the national population, and others focus on only a limited set of hardship measures or explanatory factors using data from 2011 or earlier.³

In this brief, we assess the relationship between a broad set of predictors and types of hardship among a national sample of low-income parents surveyed in December 2017.⁴ Using data from the Well-Being and Basic Needs Survey, we first present differences in reported hardship in four domains (food, housing, utilities, and medical care) among parents and childless adults, by income group, and then among low-income parents with or without a child under age 6. For low-income parents who did or did not report any material hardship, we compare demographic and socioeconomic characteristics and potential risk and protective factors for material hardship identified in the literature. Finally, we estimate the relationship between these factors and the probability of experiencing each domain of hardship, holding demographic and socioeconomic differences constant. See the data and methods section for a description of the data, measures of material hardship, risk and protective factors, and the approach to and limitations of the multivariate analysis.

Findings

More than two-thirds (68.5 percent) of low-income parents living with children under age 19 reported problems paying for housing, utilities, food, or medical care in the past year.

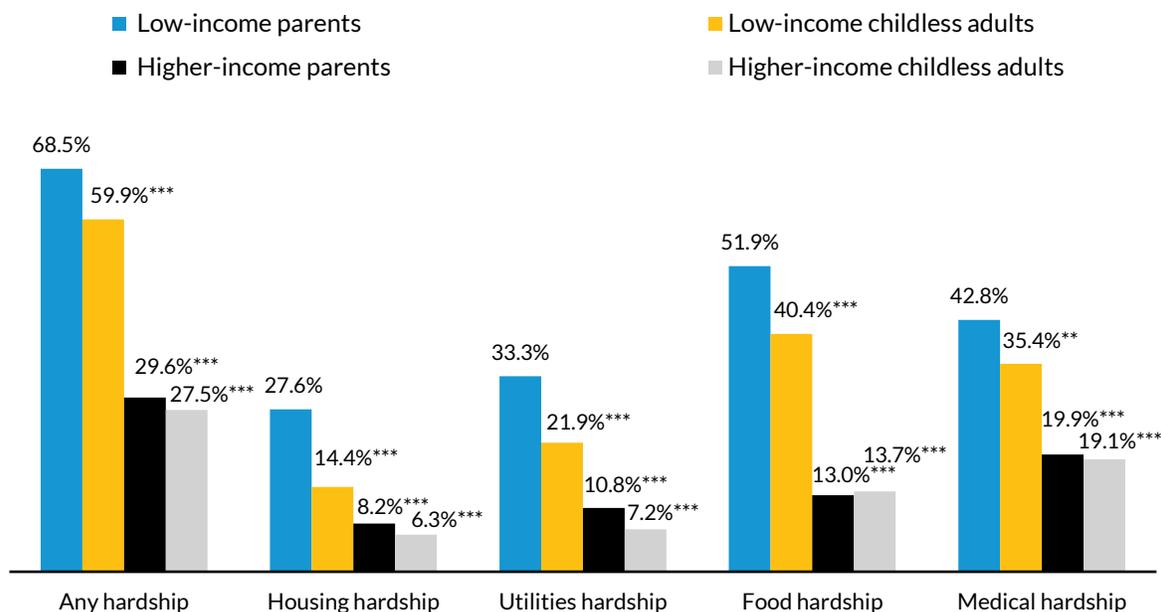
Low-income parents, those with incomes below 200 percent of the FPL living with dependent children under age 19, were 8.6 percentage points more likely than low-income childless adults, and more than twice as likely as higher-income parents and childless adults, to report at least one form of hardship (figure 1). Over half (51.9 percent) of low-income parents reported food insecurity, 42.8 percent reported a medical hardship, one-third reported problems paying for utilities, and about one-quarter (27.6 percent) reported problems making a rent or mortgage payment or being forced to move.

Within each domain, low-income parents were more likely than low-income childless adults and substantially more likely than higher-income adults with and without children to report problems meeting basic needs. As shown in table A.1, low-income parents were also more likely than adults in each of these groups to experience the most severe material hardships (i.e., direct measures of material deprivation), including evictions and forced moves (2.9 percent), utility disconnections (10.5 percent), and unmet medical needs (31.9 percent).

FIGURE 1

Material Hardships in Past 12 Months Reported by Adults Ages 18 to 64, December 2017

By parental status and family income



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Source: Well-Being and Basic Needs Survey, December 2017.

Notes: Low-income parents are parents and guardians living with dependent children under age 19 with family incomes below 200 percent of FPL. Higher-income parents have incomes at or above 200 percent of FPL.

*/**/** Estimate differs significantly from low-income parents at the 0.10/0.05/0.01 levels, using two-tailed tests.

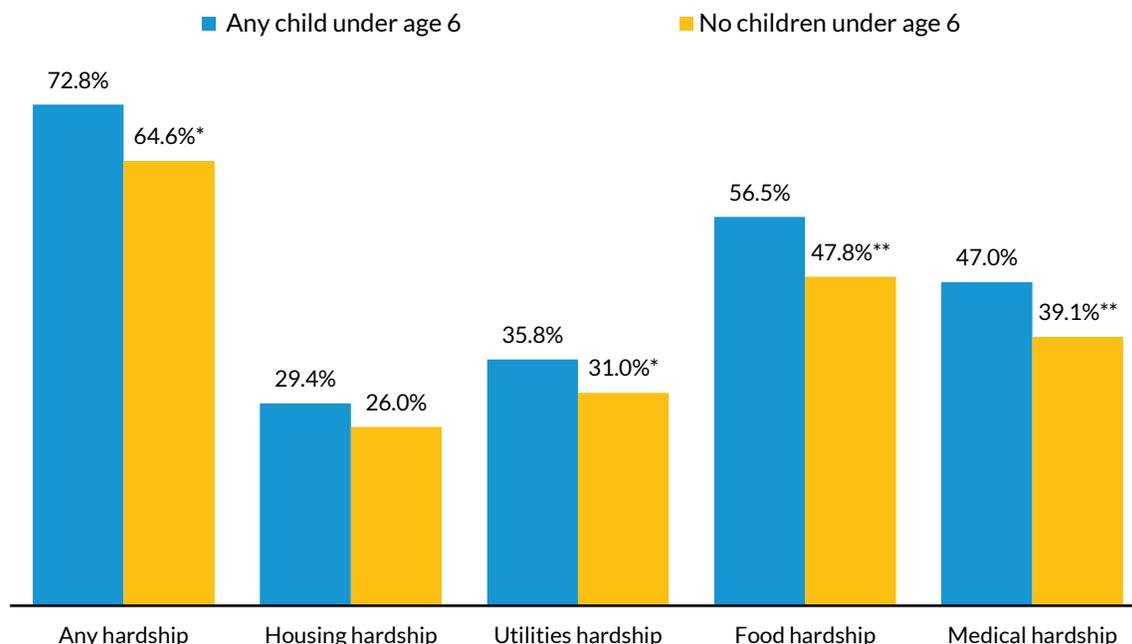
Among low-income parents, 72.8 percent of those with children under age 6 reported at least one type of material hardship, compared with 64.6 percent of those who only had children ages 6 to 18.

Research has found that younger children are particularly vulnerable to the effects of poverty and hardship. Figure 2 shows food insecurity was the most common type of hardship reported by low-income parents of young children and parents who only lived with children ages 6 to 18 (56.5 percent versus 47.8 percent). Parents of young children were also more likely than parents of only older children to report difficulty paying for utilities (35.8 percent versus 31.0 percent) and medical care (47.0 percent versus 39.1 percent). More than one-quarter of parents in both groups reported housing affordability problems. Differences by children’s ages may owe to the younger age and lower earnings among parents of young children, who are often early in their career development. Child care costs can also create significant pressures for families with young children.

FIGURE 2

**Material Hardship in Past 12 Months Reported by Low-Income Parents
Ages 18 to 64, December 2017**

By presence of children under age 6 in the family



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Source: Well-Being and Basic Needs Survey, December 2017.

Notes: Low-income parents are parents and guardians living with dependent children under age 19 with family incomes below 200 percent of FPL. Higher-income parents have incomes at or above 200 percent of FPL.

*/**/** Estimate differs significantly from low-income parents with any child under age 6 at the 0.10/0.05/0.01 levels, using two-tailed tests.

Over half of low-income parents reporting hardship had incomes above poverty, nearly half were married, and over 40 percent were non-Hispanic white. However, poor, single, and non-Hispanic black parents constituted a larger of share of low-income parents reporting hardships relative to their share of all low-income parents.

Table 1 describes the demographic and socioeconomic characteristics of low-income parents, comparing those who did and did not report material hardship in the past year. Nearly half (47.5 percent) of low-income parents reporting hardship were ages 18 to 34, and over two-thirds were women. The age and gender of low-income parents reporting hardship were not statistically different from that of parents who did not report hardship.

The racial and ethnic composition of low-income parents facing hardship was similar to the average for all low-income parents. Non-Hispanic whites constituted the largest group of low-income parents reporting hardship (40.9 percent), followed by Hispanic parents (35.1 percent), and non-Hispanic black parents (18.3 percent). Those who reported hardship were 6.3 percentage points more likely than those who did not report hardship to be non-Hispanic black.

About one-third (32.9 percent) of low-income parents reporting any hardship were single, and 49.3 percent were married. Low-income parents who did not report hardship were less likely than those who did to be single (24.4 percent) and more likely to be married (65.7 percent). Among low-income parents reporting any hardship, 48.5 percent had incomes below poverty, and 51.5 percent had incomes between 100 and 200 percent of FPL. In contrast, 63.4 percent of those who did not report hardship had incomes above poverty and below 200 percent of FPL.

TABLE 1
Characteristics of Low-Income Parents Ages 18 to 64, Overall and by
Reported Material Hardship in the Past 12 Months, December 2017

Percent

	All low-income parents	Any hardship	No hardship
Age			
18–34	46.7	47.5	45.0
35–49	42.4	42.4	42.2
50–64	10.9	10.0	12.8
Gender			
Female	68.0	68.6	66.7
Male	32.0	31.4	33.3
Race/ethnicity			
Non-Hispanic white	41.2	40.9	41.7
Non-Hispanic black	16.4	18.3	12.1**
Non-Hispanic, other or more than one race	5.1	5.7	3.6
Hispanic	37.4	35.1	42.5
Marital status			
Married	54.5	49.3	65.7***
Living with a partner	15.3	17.7	10.0***
Single	30.2	32.9	24.4**
Family income			
< 100% FPL	44.8	48.5	36.6**
100%–199% FPL	55.2	51.5	63.4**
Educational attainment			
Less than high school education	22.8	22.3	24.0
High school diploma or equivalent	35.3	34.7	36.8
Some college	30.3	32.6	25.1**
College degree or more	11.6	10.4	14.0
Age of children in the family			
Any child under 6	47.5	50.5	41.0**
No children under 6	52.5	49.5	59.0**
Number of children in the family			
One	35.5	35.9	34.7
Two	34.9	35.7	33.2
Three or more	29.6	28.4	32.1
Number of children in the household			
One	33.2	33.8	31.8
Two	35.3	36.0	33.7
Three or more	31.6	30.2	34.6
Number of adults in the household			
One	13.4	15.4	8.9**

	All low-income parents	Any hardship	No hardship
Two	47.4	47.5	47.2
Three or more	39.2	37.0	43.9*
Region			
Northeast	11.9	12.6	10.6
Midwest	18.3	18.3	18.2
South	40.4	39.7	41.9
West	29.4	29.5	29.3
Sample size	1454	1027	427

Source: Well-Being and Basic Needs Survey, December 2017.

Notes: FPL = federal poverty level. Low-income parents are parents and guardians living with dependent children under age 19 with family incomes below 200 percent of FPL. Some respondents may have overreported the number of adults in their household.

*/**/** Estimate differs significantly from low-income parents with any hardship at the 0.10/0.05/0.01 levels, using two-tailed tests.

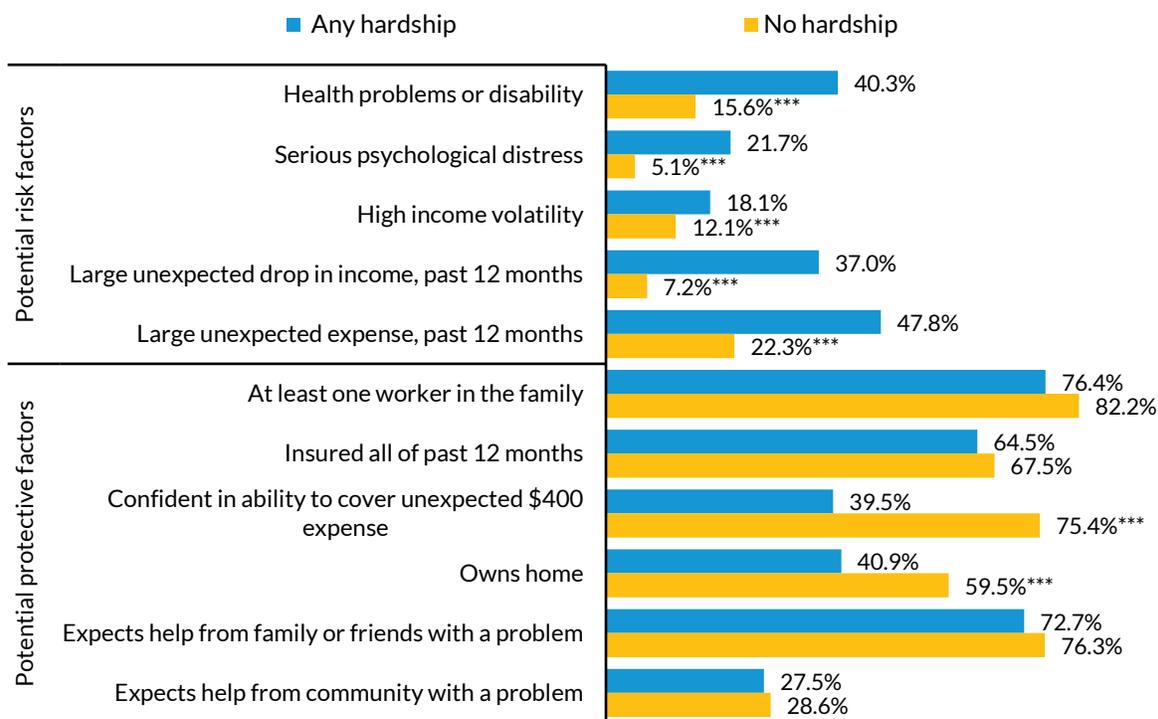
More than 4 in 10 low-income parents reporting hardship had health problems, and most experienced a financial shock in the past year.

Figure 3 shows that low-income parents who experienced material hardship in the past year were more likely to report each risk factor and less likely to report two protective factors that previous research has found to be associated with hardship, compared with those who did not experience hardship. Among low-income parents with hardship, 40.3 percent had a health problem or disability. Among those without hardship, only 15.6 percent had a health problem or disability. Parents with hardship were also more likely than those without hardship to report serious psychological distress in the past 30 days, high income volatility in the past year, and unexpected declines in income or large expenses in the past year. Just over 61 percent of low-income parents reporting hardship faced either an unexpected income shock or large unexpected expense (data not shown).

There was no significant difference in presence of at least one worker in the family between those reporting any hardship and those not reporting hardship. However, parents who did not experience hardship were substantially more likely than those with hardship to own a home and be confident in their ability to cover a \$400 unexpected, emergency expense.

FIGURE 3

**Potential Risk and Protective Factors for Material Hardship among Low-Income Parents
Ages 18 to 64, by Reported Material Hardship in the Past 12 Months, December 2017**



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Source: Well-Being and Basic Needs Survey, December 2017.

Notes: Low-income parents include parents and guardians living with dependent children under age 19 with family incomes below 200 percent of FPL. Parents expecting help from family, friends, or the community expect to receive most or all help needed with a problem if one arises.

*/**/** Estimate differs significantly from low-income parents with any hardship at the 0.10/0.05/0.01 levels, using two-tailed tests.

Physical and mental health problems or disabilities, unexpected declines in income, and unexpected expenses were associated with increased risk of hardship, after controlling for other characteristics.

Though the characteristics of low-income parents reporting hardship were different from those who did not report hardship, further analysis is needed to assess which factors are associated with the probability of experiencing hardships, holding other factors constant. We find that having health problems or disabilities increased parents' risk of each type of hardship, controlling for observable characteristics (table 2). Health problems and disabilities were associated with a 12 percentage-point greater likelihood of experiencing food insecurity and a 16 percentage-point greater likelihood of struggling to pay for medical care. Serious psychological distress was positively associated with food and medical hardship, holding overall health, chronic conditions, disability status, and other observed

characteristics constant. Unexpected income shocks were also a risk factor for every domain of hardship, as were large, unexpected expenses for all hardships except housing.⁵

Access to savings or credit, homeownership, and health insurance coverage were associated with reduced hardship, with confidence in the ability to cover a \$400 emergency expense having the strongest negative association with hardship.

Several protective factors were linked with reduced probability of experiencing hardship. Compared with other protective factors, confidence in the ability to cover a \$400 emergency expense had the strongest association with most measures of hardship, reducing difficulty meeting basic needs by 14 to 23 percentage points. Consistent with previous analyses, homeownership was also associated with reduced hardship, though its association with housing problems was not statistically significant for this sample and model (Lerman and Zhang 2014; Scally and Gonzalez 2018). Having health insurance coverage for a full year was associated with a 16 percentage-point reduction in the likelihood of problems affording medical care. However, health insurance did not have a significant association with food, utility, or housing problems.

Expected support from family, friends, and the community was not associated with any hardship measures, with one surprising exception. Expecting family or friends to provide most or all help in the event of a problem was associated with increased housing hardship, results that were inconsistent with previous studies that showed an association between social support networks and reduced likelihood of experiencing hardship (Mills and Zhang 2013). These results may suggest that low-income parents who struggled to pay their rent or mortgage or who had been forced to move were more likely to believe they could rely on family members or friends for help. And low-income parents with strong social networks may not only expect to receive help from their family and friends if needed, but may also provide family and friends with financial assistance, which can increase parents' risk of hardship (Pilkaskas, Campbell, and Wimer 2017).

TABLE 2

Associations between Potential Risk and Protective Factors and Reported Material Hardship among Low-Income Parents Ages 18 to 64, December 2017

Predicted marginal effects from logistic regression

	Hardships				
	Any	Housing	Utilities	Food	Medical
Potential risk factors					
Health problems or disability	0.12***	0.08**	0.09***	0.12***	0.16***
Serious psychological distress	0.14***	0.06	0.01	0.19***	0.14***
High income volatility	0.02	0.02	-0.04	0.00	-0.06
Large, unexpected drop in income	0.23***	0.18***	0.21***	0.20***	0.17***
Large, unexpected expense	0.14***	0.05	0.13***	0.15***	0.16***
Potential protective factors					
At least one working adult in family	0.03	0.05	0.03	-0.01	0.03
Insured all of past 12 months	-0.06*	-0.02	-0.05	-0.05	-0.16***
Confident in ability to cover unexpected \$400 expense	-0.23***	-0.21***	-0.21***	-0.23***	-0.14***
Owens home	-0.11***	-0.07	-0.08**	-0.12***	-0.08**
Expects most/all support from family or friends in the event of a problem	0.06	0.10**	0.02	0.03	-0.03
Expects most/all support from community in the event of a problem	0.04	-0.00	-0.02	-0.01	0.04

Source: Well-Being and Basic Needs Survey, December 2017.

Notes: Low-income parents are parents and guardians living with dependent children under age 19 with family incomes below 200 percent of FPL. Control variables include age, gender, race/ethnicity, marital status, educational attainment, family income as a percentage of FPL, ages and number of children in the family, number of children and adults in the household, and census region. */**/** Estimate differs significantly from zero at the 0.10/0.05/0.01 levels, using two-tailed tests.

Discussion

More than two-thirds of low-income parents—and nearly three-quarters of low-income parents of young children—reported that their families had difficulty paying for food, shelter, or medical care in 2017. Even if children do not experience this deprivation directly, the increased family stress, instability, and changes in parenting behavior associated with material hardship may have long-term consequences for children’s health, educational attainment, and economic prospects.

Health problems or disabilities and psychological distress were among the most important risk factors associated with material hardship among low-income parents. Though the findings in this study do not imply causal relationships, having continuous health insurance coverage during the year was associated with reduced medical hardship. Research has found that the recent expansion of coverage under the Affordable Care Act coincided with improvements in health care affordability for parents and children, and that Medicaid expansion improved care affordability and reduced psychological distress for low-income parents (Karpman, Kenney, and Gonzalez 2018; McMorrow et al. 2017). These improvements may be augmented by Medicaid expansion in additional states.⁶ Our findings also underscore the importance of assisting adults with mental health problems, which may be both a cause

and consequence of economic distress. However, further research is needed to examine how access to mental health care affects hardship.

Consistent with previous research, financial assets were among the most important protective factors associated with hardship among low-income families (McKernan, Ratcliffe, and Vinopal 2009; Mills and Amick 2010). Holding other measures constant, parents who were confident in their ability to cover an unexpected \$400 expense—which may reflect either savings or access to credit—were 23 percentage points less likely to have difficulty meeting at least one basic need, compared with those who were not confident. Homeowners were less likely than renters to have trouble affording food, utility bills, or health care. Policies to encourage savings and asset building may protect low-income families against hardship if a crisis reduces income or leads to unexpected expenses (Mills et al. 2016).

Though material hardship extends across the income distribution, it is concentrated among families with incomes below 200 percent of FPL. This suggests that policies to increase income and savings or reduce the cost of basic household needs among parents with incomes below 200 percent of FPL will likely have the greatest effect on alleviating hardship among families with children. Targeting additional support to low-income parents of young children—such as through an expansion of the earned income tax credit and/or child tax credit—may have the strongest impact on hardship and long-term health and well-being, given the high level of need among these families and the benefits of reaching children during critical developmental stages.

Conversely, recently proposed changes to Medicaid, the Supplemental Nutrition Assistance Program, housing subsidies, and other safety net programs—in the form of work requirements, increased premiums or rental costs, and restrictions on permanent residency for immigrants who rely on public benefits—are expected to increase challenges meeting basic needs among low-income families with children. Nearly four in five low-income parents in our sample (79.7 percent) reported that their families received public health insurance, nutritional support, and/or assistance from another safety net program during the previous year (data not shown).⁷ One recent study found that the Supplemental Nutrition Assistance Program, Medicaid, the Children’s Health Insurance Program, and Temporary Assistance for Needy Families substantially reduced material hardship between 1992 and 2011 (McKernan, Ratcliffe, and Iceland 2018).

The difficulties low-income families with children experience may not only harm children’s immediate outcomes, but may also affect their long-term health, educational achievement, and economic well-being, and undermine the potential of the nation’s future workforce. This underscores the importance of policies that enhance parents’ ability to meet their own and their children’s basic needs.

Data and Methods

Data and Sample

We use data from the December 2017 round of the Well-Being and Basic Needs Survey, a nationally representative, internet-based survey of adults ages 18 to 64 that monitors changes in individual and family health and well-being at a time when policymakers are considering significant changes to the safety net. The Well-Being and Basic Needs Survey sample of approximately 7,500 nonelderly adults is drawn from a probability-based internet panel and includes a large oversample of adults with low household incomes.⁸ For further details on the survey design and content, see Karpman, Zuckerman, and Gonzalez (2018b).

Our analysis focuses on material hardship among low-income parents, defined as parents and legal guardians living with dependent children under age 19 with family incomes below 200 percent of FPL.⁹ Our focus on parents in this income range is consistent with studies showing only small differences in rates of material hardship between poor adults and those with incomes between 100 and 200 percent of FPL (Boushey et al. 2001; Karpman, Zuckerman, and Gonzalez 2018a). The 2017 survey provides a sample of 1,454 low-income parents.

Measures of Hardship and Risk and Protective Factors

As with previous Well-Being and Basic Needs Survey analyses, we focus on seven measures of material hardship that respondents reported for the 12 months before the survey, grouped into four domains:

- **Housing:** (1) The household did not pay the full amount of the rent or mortgage or was late with a payment because it could not afford to pay or (2) the respondent was forced to move by a landlord, bank or other financial institution, or the government.
- **Utilities:** (3) The household was not able to pay the full amount of the gas, oil, or electricity bills or (4) the gas or electric company turned off service or the oil company could not deliver oil.
- **Food security:** (5) The household was food insecure based on responses to the six-item short form of the US Department of Agriculture's Household Food Security Survey Module (USDA 2012).¹⁰
- **Health care:** (6) The respondent had unmet needs for medical care because of costs¹¹ or (7) the family had problems paying medical bills.

Based on existing research, we hypothesize that material hardship depends on factors that affect financial resources and needs, as well as exposure to and buffers against financial shocks. We categorize these into risk and protective factors in table 3. This terminology draws on public health concepts that define risk factors as characteristics that precede and are associated with a higher likelihood of negative outcomes, whereas protective factors are associated with a lower chance of negative outcomes or reduce a risk factor's impact.¹² For instance, savings could be considered a potential protective factor against material hardship because it cushions the impact of a large drop in income on consumption.

Similarly, health insurance may protect against hardship by covering large, unexpected medical expenses that make it difficult to afford care or divert spending away from other basic needs.

TABLE 3

Potential Risk and Protective Factors for Material Hardship

Risk factors	Health problem or disability ^a Serious psychological distress based on six-item Kessler scale ^b High family income volatility, past 12 months (income “often varies quite a bit from one month to the next”) Large, unexpected drop in family income, past 12 months Large, unexpected expense, past 12 months
Protective factors	Access to savings or credit (very or somewhat confident in ability to cover a \$400 unexpected expense in next month) Homeownership Health insurance coverage for all past 12 months At least one working adult in family at the time of the survey Support from family or friends ^c Support from others in the community

Notes:

^aWe define “health problem or disability” based on whether respondents reported fair or poor overall health; multiple chronic conditions (i.e., conditions that have lasted or are expected to last a year or more); or a condition, impairment, or disability that affects daily activities or requires use of special equipment or devices.

^bThe Kessler six-item scale measures nonspecific psychological distress (Kessler et al. 2002). Scores are based on how often respondents report feeling the following in the past 30 days: nervous; hopeless; restless or fidgety; so sad that nothing could cheer them up; that everything was an effort; worthless. The scores for each item range from 0 (low) to 4 (high), with a cumulative score ranging from 0 to 24. Scores of 13 to 24 indicate serious psychological distress.

^cMeasures of support from family, friends, or the community are based on a question that draws on language from the Survey of Income and Program Participation: “If you had a problem with which you needed help (for example, sickness or moving), how much help would you expect to get from [family/friends/other people in the community besides family and friends, such as a social agency or church]? 1. all of the help needed, 2. most of the help needed, 3. very little of the help needed, 4. no help.”

Multivariate Analysis

To estimate the relationship between the risk and protective factors and the probability of experiencing each material hardship, we use a multivariate logistic regression and estimate marginal effects. We control for age, gender, race/ethnicity, marital status, educational attainment, family income as a percentage of FPL, ages and number of children in the family, number of children and adults in the household, and census region. We also consider housing, utility, food, and medical domains separately, because previous studies have found that difficulty meeting different needs arises from distinct processes rather than a single underlying factor (Heflin, Sandberg, and Rafail 2009).¹³

Limitations

Estimated associations between potential risk and protective factors and material hardship do not imply a causal relationship. Because we are using cross-sectional data, we do not know the timing of these measures or the direction of the relationship between them. For instance, parents who experience hardship may be more likely to turn to family or friends for help, which may shape their perspective on

the level of help they can expect. Similarly, the relationship between hardship and psychological distress may be bidirectional. There may also be unobserved factors correlated with material hardship and the independent variables in this analysis. Material hardship reported by low-income parents does not necessarily imply that children directly experienced hardship. Adults may go without health care or food but ensure their children’s needs are met. For several measures, such as health problems or disability, psychological distress, and health insurance coverage, we only collect data for the respondent, not others in the family. Finally, some factors (e.g., employment status) are only measured at the time of the survey, even though hardship is measured for the previous year.

Appendix

TABLE A.1

Material Hardships in Past 12 Months Reported by Adults Ages 18 to 64, by Parental Status and Family Income, December 2017

Percent

	Low-income parents	Low-income childless adults	Higher-income parents	Higher-income childless adults
Housing hardship				
Problems paying rent or mortgage	26.7	13.6***	7.4***	5.8***
Forced to move or evicted	2.9	1.1***	0.9**	0.8***
Utilities hardship				
Problems paying utility bills	30.5	20.0***	10.3***	6.6***
Utilities shutoff	10.5	7.1*	2.8***	2.3***
Food hardship				
Low food security	28.0	19.4***	8.1***	8.7***
Very low food security	24.0	21.1	4.9***	4.9***
Medical hardship				
Problems paying family medical bills	32.9	23.8***	13.5***	13.8***
Unmet need for medical care because of costs	31.9	26.1**	13.8***	12.3***
Sample size	1454	2299	1182	2653

Source: Well-Being and Basic Needs Survey, December 2017.

Notes: Low-income parents are parents and guardians living with dependent children under age 19 with family incomes below 200 percent of FPL. Higher-income parents have incomes at or above 200 percent of FPL.

*/**/** Estimate differs significantly from low-income parents with any hardship at the 0.10/0.05/0.01 levels, using two-tailed tests.

Notes

- ¹ Other pathways between childhood poverty and adverse outcomes may include home and neighborhood conditions that may or may not be directly connected to material hardship (Brooks-Gunn and Duncan 1997). For instance, cumulative exposure to stressors such as violence, noise, crowding, family turmoil and instability, and poor housing quality have been linked to elevated blood pressure and stress hormones among children in poverty (Evans and English 2002).
- ² Research findings on the relationship between material hardship and child social-emotional competence are consistent with the family stress model linking financial pressures to parental mood, family conflict, and child development (Conger et al. 1994).
- ³ Several of these studies draw on data from the Women's Employment Study, a longitudinal survey of single mothers in an urban Michigan county who received welfare in 1997 (Heflin and Butler 2012; Kalil, Seefeldt, and Wang 2002; Sullivan, Turner, and Danziger 2008). Others draw on data from the Fragile Families and Child Well-Being Study, which follows children born between 1998 and 2000 in 20 large cities (Pilkuskas, Currie, and Garfinkel 2012; Reichman, Teitler, and Curtis 2005). Gundersen and Gruber (2001) use the Survey of Income and Program Participation to examine the association of income shocks, savings, homeownership, and health insurance with food insufficiency among households with incomes below 200 percent of FPL. For a review of other studies on determinants of food insecurity among households with children, see Gundersen and Ziliak (2014). Several studies have used Survey of Income and Program Participation data to explore the association between a broader set of material hardship measures and homeownership and liquid assets (Lerman and Zhang 2014), negative life events and assets (McKernan, Ratcliffe, and Vinopal 2009), income volatility and assets (Mills and Amick 2010), and social support networks (Mills and Zhang 2013).
- ⁴ Just over 10 percent of respondents completed the survey in the first week of January.
- ⁵ Several demographic and socioeconomic characteristics were also associated with various hardships. Parents were more likely to have difficulty paying for housing costs if they were ages 18 to 34, black, or Hispanic, even after controlling for income, homeownership status, and other characteristics in the model. Parents with the lowest incomes were the least likely to report problems paying medical bills or getting needed medical care, perhaps because of greater access to and use of safety net insurance programs, health clinics, and other providers. Being a parent of a young child was positively associated with medical hardship, though this does not imply that children went without medical care.
- ⁶ Virginia expanded Medicaid in November 2018, and Idaho, Maine, Nebraska, and Utah are expected to expand Medicaid in the next year.
- ⁷ The 2017 Well-Being and Basic Needs Survey collected information on family participation in the following safety net programs: Medicaid, Medical Assistance, the Children's Health Insurance Program, or other state- or government-sponsored health insurance based on income or disability; free or reduced-price school lunch through the National School Lunch Program; the Supplemental Nutrition Assistance Program; the Women, Infants, and Children nutrition program; the Low Income Home Energy Assistance Program; rental assistance, including housing vouchers and public housing; Supplemental Security Income; Temporary Assistance for Needy Families or other cash assistance; and child care assistance.
- ⁸ Survey weights adjust for unequal probabilities of selection and are poststratified to the characteristics of the nonelderly adult population based on benchmarks from the Current Population Survey and American Community Survey.
- ⁹ The family unit used to construct measures of family income includes the respondent, spouse or partner, and their children under age 19. Eighteen-year-old respondents who are not married or living with a partner and do not have children are asked to include their parents and any siblings under age 19 who are living with them when reporting on behalf of their family. We measure annual family income for the past 12 months as a percentage of the 2017 FPL. Missing data on family structure and/or income are imputed using multiple imputation regression methods.
- ¹⁰ Affirmative responses to the six-item food security module include reporting that it was often or sometimes true that the food the household bought just didn't last, and the household didn't have money to get more; it was

often or sometimes true that the household could not afford to eat balanced meals; adults in the household ever cut the size of meals or skipped meals because there was not enough money for food; meals were cut or skipped almost every month, or some months but not every month; the respondent ate less than they felt they should because there wasn't enough money for food; and the respondent was ever hungry but didn't eat because there wasn't enough money for food. Respondents with two to four affirmative responses are defined as having low household food security, and respondents with five to six affirmative responses are defined as having very low household food security. These groups are jointly defined as being food insecure.

¹¹ We define medical care as general doctor and specialist care, dental care, tests, treatment or follow-up care, prescription drugs, mental health care or counseling, and substance use treatment.

¹² "Risk and Protective Factors," Substance Abuse and Mental Health Services Administration, accessed November 15, 2018, <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/risk-protective-factors>.

¹³ Other studies have categorized material hardship measures into different domains. For instance, some studies group hardship measures into the following dimensions: poor housing quality; food hardship; unmet need for medical or dental care; and bill-paying problems, which include problems paying rent, mortgage, or utility bills, disconnected phone service, or being unable to meet essential household expenses (Heflin, Sandberg, and Rafail 2009; Lerman and Zhang 2014; Pilkauskas et al. 2012). The 2017 Well-Being and Basic Needs Survey did not collect information on housing quality or phone service but did collect information on problems paying family medical bills. For this analysis, we group problems paying medical bills with unmet needs for care into a "medical hardship" domain and separate housing problems from utility hardships.

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Acknowledgments

This brief was funded by the Robert Wood Johnson Foundation. We are grateful to them and to all our funders, who make it possible for Urban to advance its mission.

The views expressed are those of the authors and should not be attributed to the Robert Wood Johnson Foundation or the Urban Institute, its trustees, or its funders. Funders do not determine research findings or the insights and recommendations of Urban experts. Further information on the Urban Institute's funding principles is available at urban.org/fundingprinciples.

We would like to thank Katherine Hempstead, Giridhar Mallya, and Elaine Waxman for helpful comments on this brief.



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