

Despite Labor Market Gains in 2018, There Were Only Modest Improvements in Families' Ability to Meet Basic Needs

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With the current economic expansion in its tenth year, employment has risen above prerecession levels and real wage growth has increased. These economic trends have the potential to reduce poverty and hardship, which could have positive spillover effects on health and overall well-being (Caswell and Zuckerman 2018; Heflin and Iceland 2009; Kushel et al. 2006; Sandel et al. 2018).

Yet despite the strong labor market, there has been only modest progress over the past year in families' ability to meet their basic needs, according to new data from the December 2018 Well-Being and Basic Needs Survey. Nearly 4 in 10 nonelderly adults reported that in 2018, their families experienced material hardship—defined as trouble paying or being unable to pay for housing, utilities, food, or medical care at some point during the year—which was not significantly different from the share reporting these difficulties for the previous year. Among adults in families with incomes below twice the federal poverty level (FPL), over 60 percent reported at least one type of material hardship in 2018.

In addition to examining how material hardship has changed over time and how it varies by income, this brief highlights economic factors beyond employment that may help explain the persistently high rates of hardship among adults in low-income families and the implications for proposed changes to federal safety net programs. We find the following:

The share of adults ages 18 to 64 reporting at least one type of material hardship in 2018 was 38.5 percent, which is statistically unchanged from 2017 (39.3 percent).

- Between 2017 and 2018, there were modest but statistically significant declines in the shares of adults reporting being unable to pay utility bills (13.0 percent to 11.1 percent), having utilities shut off (4.3 percent to 3.5 percent), problems paying family medical bills (18.0 percent to 16.6 percent), and more than one type of hardship (23.6 percent to 22.3 percent).
- Nearly 1 in 10 adults (9.3 percent) reported problems paying the rent or mortgage in 2018, over 1 in 5 (23.1 percent) reported household food insecurity, and over 1 in 6 (17.8 percent) reported going without medical care because of its cost—estimates that were not statistically different from 2017 estimates.
- Adults in low-income families, those with incomes below 200 percent of FPL, were more than twice as likely as those with higher incomes to report material hardship in 2018.
- Low-income families disproportionately face economic challenges that are often correlated with employment but may increase the likelihood of facing hardship through mechanisms independent of employment status, including unexpected income losses, inadequate savings, household members with disabilities, lack of health insurance, and high housing costs relative to income. These factors increase exposure to and reduce protection from financial instability among workers and nonworkers alike.

These findings underscore that, though employment is a critical determinant of families' ability to meet basic needs, it is not the only factor, and additional policies will be necessary to significantly "move the needle" in reducing material hardship. Among the most important federal and state policy choices are those that affect access to safety net programs, which have been found to mitigate hardship among vulnerable individuals and families (McKernan, Ratcliffe, and Iceland 2018). Evidence-based policies that help low-income families save and build assets could also increase their protection from hardship, given that nearly half (47.8 percent) of low-income adults are not confident they could come up with \$400 for an unexpected expense, compared with 12.9 percent of adults with higher incomes. With the economy at or near full employment, further progress in improving families' ability to meet basic needs will likely depend on approaches to raise and stabilize incomes, offset the cost of essential expenses, and provide a buffer against adverse financial shocks.

Data and Methods

The Well-Being and Basic Needs Survey (WBNS) is a nationally representative, internet-based survey of adults ages 18 to 64 that monitors changes in individual and family well-being at a time when policymakers are considering significant changes to the safety net. The survey was launched in December 2017 and fielded again in December 2018, with a sample size of over 7,500 adults in each year. The samples for each round include a large oversample of adults with low household incomes to increase the precision of estimates for this population. WBNS samples are drawn from the KnowledgePanel, a probability-based internet panel of approximately 55,000 individuals maintained by Ipsos. Survey weights adjust for unequal selection probabilities and are poststratified to the characteristics of nonelderly adults based on benchmarks from the Current Population Survey and

American Community Survey. These weights are poststratified separately to Current Population Survey and American Community Survey control totals for adults with family incomes below 150 percent of FPL and those with incomes at or above 150 percent of FPL. Karpman, Zuckerman, and Gonzalez (2018b) provides further details on the survey design and content.

One limitation of the WBNS is its low response rate, which is comparable to other private surveys but much lower than federal surveys. However, previous studies assessing recruitment for the KnowledgePanel have found little evidence of nonresponse bias for core demographic and socioeconomic measures (Garrett, Dennis, and DiSogra 2010; Heeren et al. 2008), and WBNS estimates are generally consistent with benchmarks from federal surveys (Karpman, Zuckerman, and Gonzalez 2018b). There is also likely to be some measurement error in WBNS respondents' reporting of annual income and material hardship during the past year for various reasons, including recall bias and social desirability bias. Finally, the WBNS sampling frame excludes adults who are homeless, have low literacy levels, and are not proficient in English or Spanish, which may lead to underreported levels of hardship.

Building on a previous analysis (Karpman, Zuckerman, and Gonzalez 2018a), we estimated changes between 2017 and 2018 in seven measures of material hardship covering the year before each 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 would 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).⁴
- **Health care:** (6) The respondent had unmet needs for medical care because of costs⁵ or (7) the family had problems paying medical bills.

Measures of hardship can provide a more direct assessment of individuals' and families' material well-being than traditional income-based poverty measures (Ouellette et al. 2014). Though adults are more likely to experience hardship if their incomes are low, studies indicate that only a modest share of the variation in hardship can be attributed to income and that different forms of hardship emerge from distinct processes rather than a single underlying factor such as poverty (Heflin, Sandberg, and Rafail 2009; Mayer and Jencks 1989).

Estimated changes in hardship over time are regression adjusted to control for any changes in respondents' demographic characteristics in each year of the survey. In addition to estimating changes between 2017 and 2018, we compare differences in material hardship reported in December 2018 for the past year between adults with family incomes below 200 percent of FPL and those in families with incomes at or above 200 percent of FPL.

We compare levels of hardship among adults in low-income families by the presence of a working adult in the family at the time of the survey. We also focus on factors that are correlated with family employment status but may also affect the risk of experiencing material hardship through other mechanisms independent of employment. These factors may affect workers and nonworkers alike through their impact on financial needs and resources or exposure to and protection from unanticipated expenses or loss of income. Our analysis examines four measures that a previous analysis found to be associated with hardship among low-income parents living with dependent children (Karpman et al. 2018):

- large, unexpected declines in family income during the previous year, which may owe to job loss but could also result from involuntary reductions in work hours or loss of public benefits
- lack of confidence in the ability to come up with \$400 for an unexpected expense within the next month
- one or more household members with a disability ⁷
- lack of health insurance coverage for part or all of the previous year

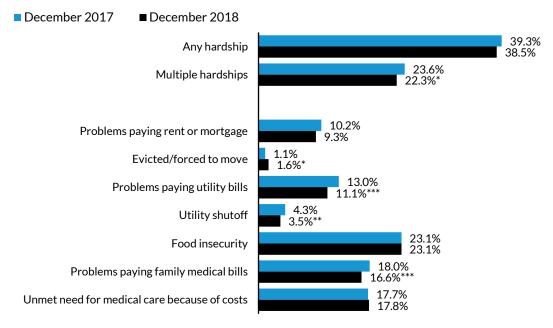
We also estimate differences by family income in the share of adults with a housing-cost burden—defined as paying more than 30 percent of monthly household income toward rent, mortgage, and utility payments⁸—which may increase the risk of housing instability and limit the availability of resources to meet other basic needs.

Findings

The share of adults ages 18 to 64 reporting at least one type of material hardship in 2018 was 38.5 percent, which is statistically unchanged from 2017 (39.3 percent). There were modest but statistically significant declines in the shares reporting being unable to pay utility bills, having a utility shut off, problems paying family medical bills, and more than one type of hardship.

In December 2018, nearly 4 in 10 adults reported that they or their families had difficulty paying or were unable to pay for housing, utilities, food, or medical care in the past year (figure 1). This estimate was not significantly different from the share reporting at least one of these types of material hardship in 2017, after controlling for the demographic characteristics of adults in the sample for each year. However, the share of adults reporting more than one hardship in the past year declined from 23.6 percent to 22.3 percent, a reduction that was marginally significant.

FIGURE 1
Material Hardships in Past 12 Months Reported by Adults Ages 18 to 64,
December 2017 and December 2018



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Source: Well-Being and Basic Needs Survey, December 2017 and December 2018.

Notes: Estimates are regression adjusted. Unmet need for medical care includes general doctor care, specialist care, prescription drugs, tests, treatment and follow-up care, dental care, mental health care or counseling, and substance use treatment or counseling. Food insecurity is based on the six-item short form food security module and includes those with low or very low household food security.

*/**/*** Estimate differs significantly from 2017 at the 0.10/0.05/0.01 level, using two-tailed tests.

There were also modest improvements in several of the individual measures of hardship. The share of adults reporting that they were unable to pay utility bills fell from 13.0 percent in 2017 to 11.1 percent in 2018. Reported utility shutoffs declined during this period, from 4.3 percent to 3.5 percent. In addition, the share of adults reporting problems paying family medical bills decreased from 18.0 percent to 16.6 percent.

Nearly 1 in 10 adults reported problems paying the rent or mortgage in 2018, over 1 in 5 reported household food insecurity, and over 1 in 6 reported going without medical care because of its cost—estimates that were not statistically different from 2017 estimates.

Other than utility-related and medical bill issues, most other hardship measures were statistically unchanged in 2018. Nearly 1 in 10 adults (9.3 percent) surveyed in December 2018 reported that their household was unable to pay the full amount of the rent or mortgage or was late with a payment at some point during the past year—not significantly different from the 10.2 percent of adults reporting these challenges in 2017 (figure 1). The share reporting household food insecurity held constant at 23.1 percent, 9 as did the share reporting an unmet need for medical care because of costs, at 17.8 percent.

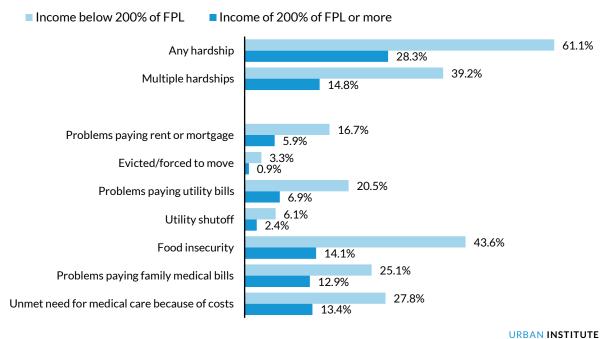
Between 2017 and 2018, the share reporting being evicted or forced to move increased from 1.1 percent to 1.6 percent, though many adults who experience housing instability (e.g., those who are homeless or doubled up with other family members) are likely missing from the panel from which the survey sample is drawn.

Adults in low-income families were more than twice as likely as those with higher incomes to report material hardship in 2018.

In December 2018, 61.1 percent of adults with family incomes below 200 percent of FPL reported material hardship in the past year, compared with 28.3 percent of adults with higher incomes (figure 2). Low-income adults were more than twice as likely as adults with higher incomes to report more than one hardship in the past year (39.2 percent versus 14.8 percent).

One in six (16.7 percent) low-income adults had problems paying the rent or mortgage in 2018, and over 40 percent reported household food insecurity, approximately triple the rates for adults in higher-income families. Differences by income level in problems affording medical care were smaller, but low-income adults still experienced health care affordability challenges at about twice the rate of adults with higher incomes.

FIGURE 2
Material Hardships in Past 12 Months Reported by Adults Ages 18 to 64, by Family Income, December 2018



Source: Well-Being and Basic Needs Survey, December 2018.

Notes: FPL is federal poverty level. Unmet need for medical care includes general doctor care, specialist care, prescription drugs, tests, treatment and follow-up care, dental care, mental health care or counseling, and substance use treatment or counseling. Food insecurity is based on the six-item short form food security module and includes those with low or very low household food

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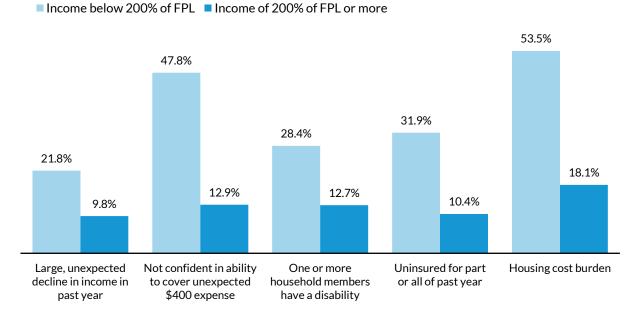
security. All estimates for adults with family income below 200 percent of FPL differ significantly from estimates for adults with family income of 200 percent of FPL or more at the 0.01 level, using two-tailed tests.

Low-income families disproportionately face economic challenges that are often correlated with employment but may increase the likelihood of facing hardship through mechanisms independent of employment status. These challenges may increase exposure to and reduce protection from financial instability among workers and nonworkers alike.

More than three in five adults in low-income families (61.7 percent) reported that they or their spouse or partner were working at the time of the survey. In contrast, 90.9 percent of adults in families with incomes above 200 percent of FPL reported at least one working adult in the family (data not shown). Yet, among adults in low-income families, rates of material hardship among those with a working adult in the family were not statistically different from those with no working adults (63.7 percent versus 60.1 percent; data not shown).

Low-income adults with and without workers in the family disproportionately report an array of economic challenges that may partially explain their high levels of hardship. Though these challenges are often correlated with employment, they can also affect the risk of experiencing hardship through mechanisms beyond employment status by increasing exposure to and reducing protection from adverse financial shocks. Over one in five (21.8 percent) low-income adults reported a large unexpected decline in income during the past year, compared with 9.8 percent of adults with higher incomes (figure 3). These declines in income could have resulted from job loss but may also have been related to involuntary reductions in work hours or loss of public benefits. In addition, nearly half (47.8 percent) of low-income adults were not confident they could come up with \$400 if an unexpected expense arose within the next month, which was over three times the share of higher-income adults reporting lack of confidence in their ability to cover such an expense (12.9 percent). Low-income adults were also 15.7 percentage points more likely than adults with higher incomes to report that one or more household members have a disability (28.4 percent versus 12.7 percent), which, in addition to potentially affecting the ability to work, can lead to high out-of-pocket expenses for medical care, medical equipment, and other services. Yet, low-income adults also have less protection from high medical bills: they were three times as likely as higher-income adults to have been uninsured in the past year.

FIGURE 3
Select Economic Challenges Reported by Adults Ages 18 to 64, by Family Income, December 2018



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Source: Well-Being and Basic Needs Survey, December 2018.

Notes: FPL is federal poverty level. Housing-cost burden is defined as paying more than 30 percent of monthly household income toward housing costs. All estimates for adults with family income below 200 percent of FPL differ significantly from estimates for adults with family income of 200 percent of FPL or more at the 0.01 level, using two-tailed tests.

Low-income adults are disproportionately likely to face a housing-cost burden. More than half (53.5 percent) reported paying over 30 percent of their monthly household income toward mortgage, rent, or utility costs, compared with 18.1 percent of adults with higher incomes. These housing-cost burdens are likely to constrain low-income families' ability to pay for housing and other essential expenses, such as food, medical care, transportation, and child care.

Discussion

Though levels of material hardship vary with labor market conditions (Heflin 2014; Pilkauskas, Currie, and Garfinkel 2012; Shaefer and Rivera 2018), families' ability to meet basic needs depends on many factors beyond employment. Even among working adults, low or unstable incomes may increase the risk of hardship. In addition, income is only one side of the ledger of a household budget; it is also important to consider the cost of major expenses such as housing, utilities, child care, transportation, and health care. Protection against adverse financial shocks through savings and insurance serve as additional buffers against hardship (Finkelstein et al. 2012; Gundersen and Gruber 2001; McKernan, Ratcliffe, and Vinopal 2009; Mills and Amick 2010), with the recent government shutdown calling attention to the large number of families that are one missed paycheck away from struggling to cover basic expenses. ¹⁰ The modest declines in hardship during the current favorable economic environment suggest further

progress will require additional policies to raise and stabilize incomes, offset the cost of essential expenses, and protect families against adverse financial shocks, and that targeting assistance toward low-income families will have the largest effects.

Federal and state policy decisions regarding safety net programs that provide nutrition, health care, housing assistance, and income support are likely to have a significant impact on these low-income families. One recent study found that the Supplemental Nutrition Assistance Program (SNAP), Medicaid, the Children's Health Insurance Program (CHIP), and Temporary Assistance for Needy Families (TANF) reduced levels of hardship by nearly half among low-income families with children between 1992 and 2011 (McKernan, Ratcliffe, and Iceland 2018), and other research has found that the expansion of Medicaid under the Affordable Care Act (ACA) improved health care affordability (Caswell and Waidmann 2017).

However, there are also significant gaps in the extent to which these and other safety net programs enable families to meet basic needs, in terms of eligibility, access, and adequacy of benefits. Though more than half (53.7 percent) of low-income adults we surveyed in December 2018 reported that their families received benefits from Medicaid/CHIP, SNAP, TANF, or subsidized housing in the past year (data not shown), this assistance does not appear to have been sufficient to help them meet all their basic needs.

Policymakers are deeply divided in their approaches to the safety net. Over the last two years, federal and state officials have taken steps to restrict access, including new conditions on eligibility such as work requirements or payment of higher premiums or rent (Hinton et al. 2019). ¹¹ Though it is unlikely to be passed by Congress, the Trump administration's proposed budget for the 2020 fiscal year seeks to further expand work requirements and reduce funding for SNAP, Medicaid, and housing assistance; repeal ACA insurance regulations and replace the ACA Medicaid expansion, premium tax credits, and cost-sharing subsidies with a block grant; establish a per capita limit on federal funding for the traditional Medicaid population; and cut funding for cash assistance through TANF and disability insurance programs (Van de Water, Friedman, and Parrott 2019).

Simultaneously, new proposals for expanding the safety net for low-income families have been made in anticipation of the next election cycle and/or through legislation filed in Congress. These include proposals for a universal child benefit, ¹² expansions of the earned income tax credit or new refundable work-based tax credits, ¹³ universal child care (Office of US Senator Elizabeth Warren 2019), tax credits to reduce rent burdens, ¹⁴ and increasing health insurance coverage. ¹⁵ In addition, a range of policies beyond the safety net, such as minimum wage and worker protection laws, criminal justice reform, housing regulations, enforcement of antidiscrimination laws, and investments in job training and public health, could affect levels of hardship, though further research is needed on their impact on these outcomes. It will be important to understand how both current and proposed changes to the safety net, as well as reforms in other policy areas, will affect families' ability to meet basic needs, which is critical to long-term health and well-being.

Notes

- ¹ Bureau of Labor Statistics, "February 2019 Real Earnings," news release USDL-19-0400, March 12, 2019, https://www.bls.gov/news.release/archives/realer_03122019.pdf; Harris Eppsteiner, Jason Furman, and Wilson Powell, "Adjusted for Aging, the US Employment Rate Continued to Rise above Its Pre-Recession Level in 2018," *Realtime Economic Issues Watch* (blog), Peterson Institute for International Economics, January 11, 2019, https://piie.com/blogs/realtime-economic-issues-watch/adjusted-aging-us-employment-rate-continued-rise-above-its-pre.
- ² The December 2018 round of the WBNS was fielded between December 7, 2018, and January 7, 2019, with 97.9 percent of respondents completing the survey in December.
- ³ Respondents reported whether they had difficulty meeting basic needs in the year prior to the survey. Because most respondents completed the survey in December 2018, this one-year recall period includes nearly all of 2018 and several weeks in 2017.
- ⁴ 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.
- ⁵ 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 or counseling.
- ⁶ In producing regression-adjusted estimates, we control for age, gender, race/ethnicity, primary language, presence of children in the household, family composition, family size, educational attainment, chronic conditions, census region, urban/rural residence, internet access, panel tenure, and overlap in participation across rounds of the survey. Controlling for these factors removes changes in hardship caused by changes in the demographic characteristics of respondents participating in different rounds of the survey. However, we do not control for family income because our estimates are designed to reflect changes in hardship that may have resulted from changes in the economy. We find similar patterns in the results when comparing changes over time using unadjusted estimates. In addition, the regression-adjusted estimates of material hardship in 2017 in this brief differ slightly from a previous brief that included unadjusted estimates of hardship for that year (Karpman, Zuckerman, and Gonzalez 2018a).
- ⁷ Disability status is defined as having "a physical or mental condition, impairment, or disability that affects daily activities or that requires use of special equipment or devices, such as a wheelchair, TDD, or communication device." A previous brief focused on low-income parents living with dependent children analyzed the association between material hardship and whether the respondent reported a disability, fair or poor overall health, or multiple chronic health conditions (Karpman et al. 2018).
- 8 Mortgage payments also include second mortgage or home equity loan payments, real estate taxes, insurance, and condominium fees. To measure monthly housing costs, we calculated the sum of reported monthly payments for rent, mortgage, electricity, gas and other fuel, and water and sewer costs. Annual water and sewer costs were divided by 12 to obtain monthly costs. Though electricity, gas, and fuel costs were reported for the month before the survey (covering one month between November and December 2018 for most respondents), estimates of these costs benchmark well against estimates of past-month costs in the American Community Survey, which is fielded throughout the year. We replaced missing or improbable values for rent, mortgage, or utility payments with imputed values. Household income is based on the midpoint of the annual household income range selected by respondents when they complete a demographic profile of their household. We divided annual household income by 12 to obtain monthly household income. We divided total monthly housing costs by monthly household income to estimate housing-cost burden.

- ⁹ WBNS estimates of household food insecurity are significantly higher than estimates from the Current Population Survey Food Security Supplement. Some potential reasons for these differences are discussed in a previous brief (Karpman, Zuckerman, and Gonzalez 2018b).
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- ¹² American Family Act, S. 2018, 115th Cong. (2017).
- ¹³ GAIN (Grow American Incomes Now) Act, H.R. 3757, 115th Cong. (2017); LIFT (Livable Incomes for Families Today) the Middle Class Act, S. 4, 116th Cong. (2019).
- ¹⁴ Housing, Opportunity, Mobility, and Equity Act, S. 3342, 115th Cong. (2018); Rent Relief Act, S. 3250, 115th Cong. (2018).
- ¹⁵ Henry J. Kaiser Family Foundation, "Compare Medicare-for-All and Public Plan Proposals," May 2, 2019, https://www.kff.org/interactive/compare-medicare-for-all-public-plan-proposals/.

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Stephen Zuckerman is a senior fellow and vice president of the Health Policy Center. He has studied health economics and health policy for 30 years and is a national expert on Medicare and Medicaid physician payment, including how payments affect enrollee access to care and the volume of services they receive. He is currently examining how payment and delivery system reforms can affect the availability of primary care services and studying the implementation and impact of the Affordable Care Act. Before joining Urban, Zuckerman worked at the American Medical Association's Center for Health Policy Research. He received his PhD in economics from Columbia University.

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