Material Hardship among Nonelderly Adults and Their Families in 2017

Implications for the Safety Net

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August 2018

Federal and state policymakers are seeking fundamental changes to the publicly financed safety net. Throughout 2018, officials have been considering or enacting new policies altering major federal programs that help low-income people meet their basic needs for food, medical care, and shelter. These policies include expanded work requirements for recipients of Supplemental Nutrition Assistance Program (SNAP) benefits, Medicaid, housing vouchers, and public housing; increased rental costs and health insurance premiums for poor and near-poor benefit recipients; and a planned change to public-charge determinations that could adversely affect lawfully present immigrants if they or their family members receive public assistance (Kaiser Family Foundation 2018).[1]

These changes to benefit eligibility and other policies under consideration could increase material hardship among the nation's low-income families. Other factors, such as the expansion of Medicaid in additional states and the strengthening labor market, are likely to reduce material hardship. But policymakers and researchers have few tools to monitor trends in hardship as the economy evolves and new policies take effect. To fill this gap, the Urban Institute launched the Well-Being and Basic Needs Survey (WBNS) in December 2017 to track individual and family health and well-being at a time when the economy is improving, but the safety net may be undergoing significant changes.

In this brief, we use data from the first round of the WBNS to provide baseline estimates of the share of nonelderly adults who experienced material hardship in 2017, focusing on housing, utilities, food, and health care. Given the increasing consideration of work as a condition of program eligibility, we assess how well income and employment protect people from hardships. We then examine variation in the likelihood of hardship by demographic and health characteristics to understand who is most at risk of not being able to meet their basic needs and possible consequences for their long-term health and well-being. We conclude by focusing on the overlapping hardships facing nonelderly adults and their families. The findings from this analysis show that, over the course of a year, many families

experience material hardships, and previous research suggests these challenges may be exacerbated by proposed changes to the safety net. Our key findings are as follows:

- Even with the economy approaching full employment, nearly 40 percent of adults reported that they or their families had trouble meeting at least one basic need for food, health care, housing, or utilities in 2017.
- Although these difficulties were most prevalent among adults with lower incomes, material hardship extends across the income distribution and affects families with and without workers.
- Adults are more likely to report material hardship if they are in fair or poor health or have multiple chronic conditions, but rates of hardship are also elevated for adults who are young, female, black or Hispanic, less educated, and living with children.
- Adults who report one type of hardship during the year often report other types as well. Among adults reporting at least one hardship, 60.2 percent report two or more hardships, and 34.7 percent report three or more hardships.

Material Hardship, the Safety Net, and Current Policy Proposals

Defining and Measuring Material Hardship

Although no consensus definition of material hardship exists, previous research has emphasized direct measures of objective living conditions and consumption of goods and services critical for meeting basic needs (Ouellette et al. 2004). The most commonly cited indicators of hardship focus on necessities for physiological functioning—food, medical care, housing, and basic utilities—that people forgo because of insufficient resources or have trouble affording (Bauman 1998; Beverly 2001; Boushey and Gundersen 2001; Heflin, Sandberg, and Rafail 2009; Mayer and Jencks 1989; Neckerman et al. 2016; Ouellette et al. 2004).[2] Material hardship has been linked to cognitive, behavioral, and health problems among children and increased parenting stress, depression, risk of disease, and health care utilization among adults (Caswell and Zuckerman 2018; Coleman-Jensen, McFall, and Nord 2013; Desmond and Kimbro 2015; Gershoff et al. 2007; Heflin and Iceland 2009; Kushel et al. 2006; Seligman, Laraia, and Kushel 2010; Zilanawala and Pilkauskas 2012).[3]

Measures of material hardship focused on a family's ability to meet basic needs can provide a broader understanding of individual and family well-being than income-based poverty indicators. Though hardship is often associated with low income, previous studies have found that income explains only a small share of the variance in a family's reported hardships and that different types of hardship can arise from distinct processes rather than from a single underlying factor, such as poverty (Heflin, Sandberg, and Rafail 2009; Mayer and Jencks 1989). Therefore, examining each dimension of hardship both individually and in combination is useful for providing a thorough assessment of material well-being.

However, information on national trends in the prevalence of material hardship is limited. Most major federal surveys do not take a comprehensive approach to measuring this concept, instead focusing on individual aspects of hardship in isolation. These surveys include the Current Population Survey, or CPS (food security), American Housing Survey (housing quality and affordability) and National Health Interview Survey (health care access and food security). The Survey of Income and Program Participation (SIPP) is an exception, but the SIPP modules on adult and child well-being are not fielded regularly: the most recent publicly available comprehensive data on hardship measures were collected in 2011 (Siebens 2013).[4] SIPP material hardship data from the 2014 panel (reported for calendar year 2013) are also available, but these are for a limited set of measures of hardship. Nonfederal surveys focused on this topic have been administered to targeted populations or geographic areas or have not been conducted recently (Danziger et al. 2000; Heflin 2006; Lerman 2002; Neckerman et al. 2016; Pilkauskas, Currie, and Garfinkel 2012).

Effects of Safety Net Programs on Hardship and Implications of Proposed Policy Changes

The nation's largest safety net programs have been found to mitigate hardship. For example, the Affordable Care Act's recent Medicaid expansion led to a decline in problems paying medical bills, unmet health care needs, and medical debt, and SNAP has been shown to reduce food insecurity and other hardships (Caswell and Waidmann 2017; Kreider et al. 2012; Mabli et al. 2013; McMorrow et al. 2017; Miller and Morrissey 2017; Miller and Wherry 2017; Nord and Prell 2011; Ratcliffe, McKernan, and Zhang 2011; Shaefer and Gutierrez 2013). A wave of new studies provides evidence that safety net programs have positive long-term effects, with lower rates of hardship as a likely mechanism for improved outcomes (Almond, Hoynes, and Schanzenbach 2011; Boudreaux et al. 2016; Chetty, Hendren, and Katz 2016; Goodman-Bacon 2016; Hoynes, Schanzenbach, and Almond 2016; Miller and Wherry 2018). For instance, prenatal exposure to SNAP has been found to reduce the incidence of low birth weight, and prenatal and early childhood SNAP exposure has been found to decrease the incidence of metabolic disorders in adulthood and increase women's economic self-sufficiency (Almond, Hoynes, and Schanzenbach 2011; Hoynes, Schanzenbach, and Almond 2016).

Several changes to safety net programs have been proposed or enacted throughout early 2018. The Centers for Medicare & Medicaid Services have approved waivers allowing states to implement new provisions such as work requirements, higher premiums, and lockout periods for Medicaid beneficiaries (Musumeci et al. 2018). The farm bill passed by the US House of Representatives would, among other provisions, significantly expand work requirements for SNAP recipients and impose lockout periods of one to three years for those who do not comply, though the Senate farm bill does not include these changes (Bolen et al. 2018).[5] A recent Department of Housing and Urban Development proposal would increase rents for families in subsidized housing and allow housing authorities and landlords to require adults in assisted households to work.[6] The administration is also considering classifying lawfully present immigrants as public charges and potentially denying them entry to the US or permanent residence if they or their dependent family members receive assistance from an array of means-tested programs (Kaiser Family Foundation 2018).[7]

Data and Methods

Data and Sample

This brief draws on WBNS data to assess levels and patterns of material hardship among nonelderly adults and their families in 2017. A sample of 7,588 adults ages 18 to 64 participated in the first round of the WBNS. The survey field period occurred between December 14, 2017, and January 5, 2018, with nearly 90 percent of interviews completed in December.[8] Survey respondents are selected through a stratified random sample of members of GfK's KnowledgePanel, a probability-based online panel of approximately 55,000 noninstitutionalized people. Panel members are recruited primarily from an address-based sampling frame covering 97 percent of US households. People without household internet access who are recruited to join the panel are provided with laptops and free internet access to facilitate their participation.

The WBNS oversamples low-income households to improve the precision of estimates for this population. Survey weights adjust for unequal selection probabilities and are poststratified to the characteristics of the nonelderly adult population based on benchmarks from the CPS and American Community Survey to produce nationally representative estimates. Surveys are conducted in English and Spanish and take less than 15 minutes to complete on average. Further detail on the survey design and content are available in another brief that includes comparisons between WBNS estimates and estimates from major federal surveys (Karpman, Zuckerman, and Gonzalez 2018).

Measures of Material Hardship

Consistent with previous research on material hardship, we focus on a total of seven hardship measures that respondents reported for the 12 months before the survey for themselves or their households or families, grouped into four dimensions:

- **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).
- **Health care:** (6) The respondent had unmet needs for medical care because of costs[9] or (7) the family had problems paying medical bills.

We define food security based on the cumulative number of affirmative responses to the six-item food security module.[10] These questions on food security have been used in a supplement to the CPS

and in other federal surveys. The questions on housing and utilities are drawn from the SIPP and American Housing Survey, and the questions on health care are based on questions from the National Health Interview Survey.

Although most of these seven measures are reported at the household level, problems paying medical bills are measured at the family level, and unmet needs for medical care and forced moves are reported at the individual level. Our definition of family includes the respondent, his or her spouse or partner if applicable, and any of the respondent's children under age 19 who are living with him or her.

We compared WBNS estimates for a variety of measures with benchmarks from federal surveys, including several of the hardship measures described above (Karpman, Zuckerman, and Gonzalez 2018). We found that most of the WBNS estimates for the full sample of nonelderly adults and for key income subgroups were reasonably consistent with these benchmarks, though there were some discrepancies. In particular, we found a higher estimated prevalence of household food insecurity in the WBNS than in the CPS. However, a psychometric assessment of the WBNS food security data concluded that despite the WBNS's higher prevalence, the survey's response patterns were generally comparable to those found in the CPS.[11] We also found some evidence that food security estimates may be sensitive to survey mode effects (i.e., using an interviewer-administered rather than a self-administered format), though further research is needed in this area (Karpman, Zuckerman, and Gonzalez 2018). For this brief, we conducted a sensitivity test in which we excluded household food insecurity from our hardship measures. We found that although doing so produced lower estimates of material hardship, this exclusion did not change the basic conclusions of the analysis.

Analysis

We estimate the share of nonelderly adults reporting that they or their families or households experienced the above hardships, any hardship, or several hardships, overall and by annual family income as a percentage of the 2017 federal poverty level (FPL) and by family employment status at the time of the survey. Missing data on family structure or family income are imputed for 6.5 percent of the sample. Family employment status is measured based on whether the respondent or the respondent's spouse or partner (if applicable) is working for pay or self-employed.[12]

We then assess variation in problems meeting basic needs by demographic and health characteristics, including age, gender, race and ethnicity, educational attainment, self-reported health status, chronic conditions, urban or rural residence, family composition, and presence of children in the household. Next, we analyze the degree of overlap between each hardship, focusing on the share of adults reporting individual types of hardship who also reported the remaining ones.

Limitations

Surveys are subject to various sources of error, including coverage and nonresponse bias, sampling error, and measurement error. One limitation of surveys drawing on the KnowledgePanel is the low panel recruitment rate, which produces a low cumulative response rate for the WBNS.[13] However,

previous studies assessing panel 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). The WBNS survey weights mitigate but do not eliminate the potential for this form of bias. As noted, the results of a benchmarking analysis indicate that WBNS estimates are generally consistent with estimates from other surveys, though there are some discrepancies (Karpman, Zuckerman, and Gonzalez 2018).

Another limitation is that using a 12-month reference period for hardship measures raises the potential for recall error, though the alignment of the reference period with the calendar year may mitigate this source of error because respondents are asked to report events that occurred primarily in 2017. Respondents reporting annual income may also produce some measurement error. Further, estimates of hardships reported at the household or family level based on respondent characteristics reported at the individual level (e.g., age, health status) may vary based on the characteristics of other members of the respondents' households and families, for which we have limited information. We conducted a sensitivity test to assess whether patterns in hardship based on these characteristics are similar for single-member households. Finally, the WBNS sampling frame likely excludes many of the most vulnerable adults, including those who are homeless or have unstable housing and those with low literacy; this would lead to underreported levels of hardship.

Findings

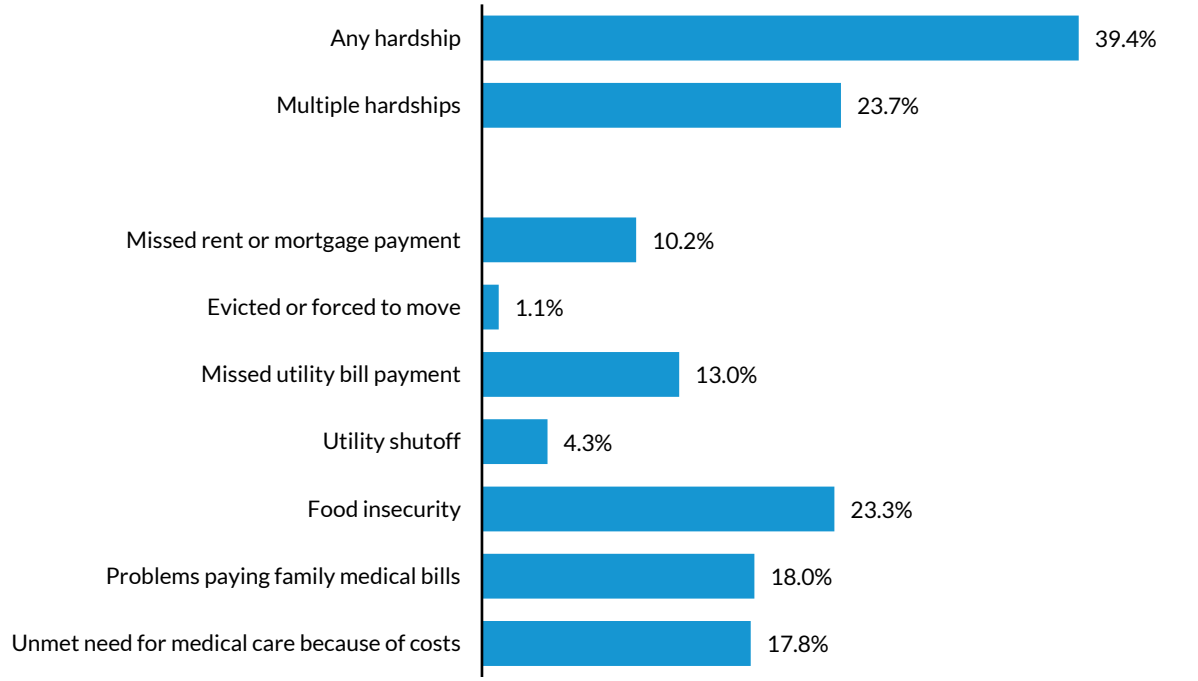
Even with the economy approaching full employment, nearly 40 percent of adults reported that they or their families had trouble meeting basic needs for food, health care, housing, or utilities in 2017.

Although the national unemployment rate averaged 4.4 percent in 2017,[14] 39.4 percent of nonelderly adults reported at least one type of material hardship, and about 60 percent of that share (23.7 percent of nonelderly adults) reported two or more hardships during the past 12 months (figure 1). Over one-third (34.7 percent) of adults with any hardship reported three or more types of hardship (data not shown).

The most commonly reported hardship was food insecurity, with 23.3 percent reporting that their households were food insecure during the previous year (figure 1). Even excluding food insecurity, however, 33.5 percent of nonelderly adults reported they had experienced one or more types of material hardship (data not shown). Eighteen percent of adults reported problems paying family medical bills, and a similar share reported an unmet need for medical care because of costs. About 10 percent of adults reported that their household did not pay the full amount of the rent or mortgage or was late with a payment, and 13.0 percent reported missing a utility bill payment. Less common were having utilities shut off (4.3 percent) or being evicted or otherwise forced to move by a landlord, bank or financial institution, or the government (1.1 percent), though adults who have experienced eviction are likely underrepresented in our sample.

FIGURE 1

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



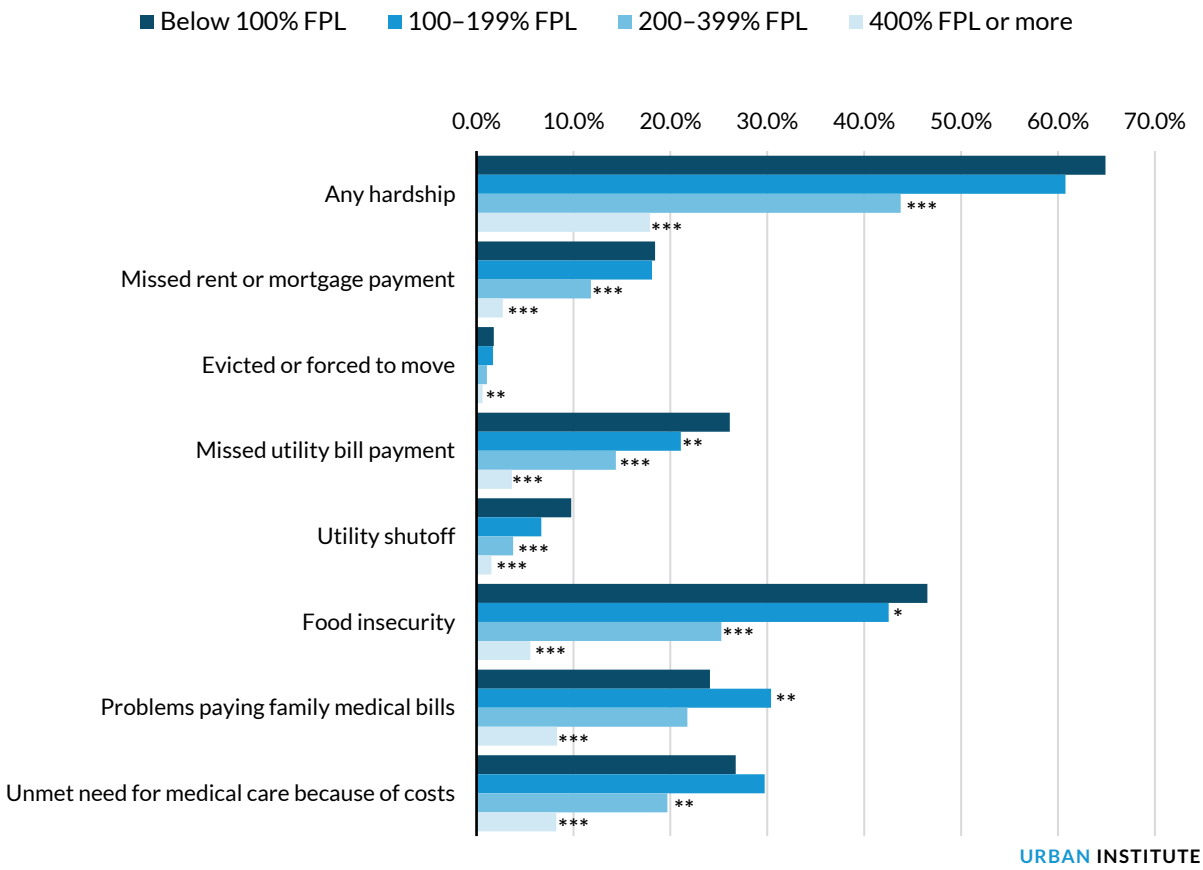
Source: Well-Being and Basic Needs Survey, quarter 4 2017.
Note: Unmet need for medical care includes general doctor care, specialist care, prescription drugs, tests, treatment and follow-up care, dental care, mental health care or counseling, and substance use treatment or counseling. Food insecurity is based on the six-item short form food security module and includes those with low or very low household food security.

Although these difficulties were most prevalent among adults with lower incomes, material hardship extends across the income distribution and affects families both with and without workers.

Consistent with previous research, poor adults (i.e., those with annual family incomes below 100 percent of FPL) were more likely than higher-income adults to experience challenges meeting basic needs, with nearly two-thirds reporting at least one type of hardship, though even adults with higher incomes were also at risk of going without basic necessities (figure 2). Notably, though the overall rate of household food insecurity was about 23 percent, rates of household food insecurity were above 40 percent for adults in both poor and near-poor families (i.e., those with incomes between 100 and 200 percent of FPL), and over 18 percent of adults in both groups reported problems paying the rent or mortgage.[15] Further, adults with family income just above 100 percent of FPL were more likely to report problems paying family medical bills than those below, possibly reflecting the wider availability of Medicaid to poor adults and its lower premium and cost-sharing requirements relative to subsidized Marketplace coverage (Blavin et al. 2018).

FIGURE 2

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



Source: Well-Being and Basic Needs Survey, quarter 4 2017.

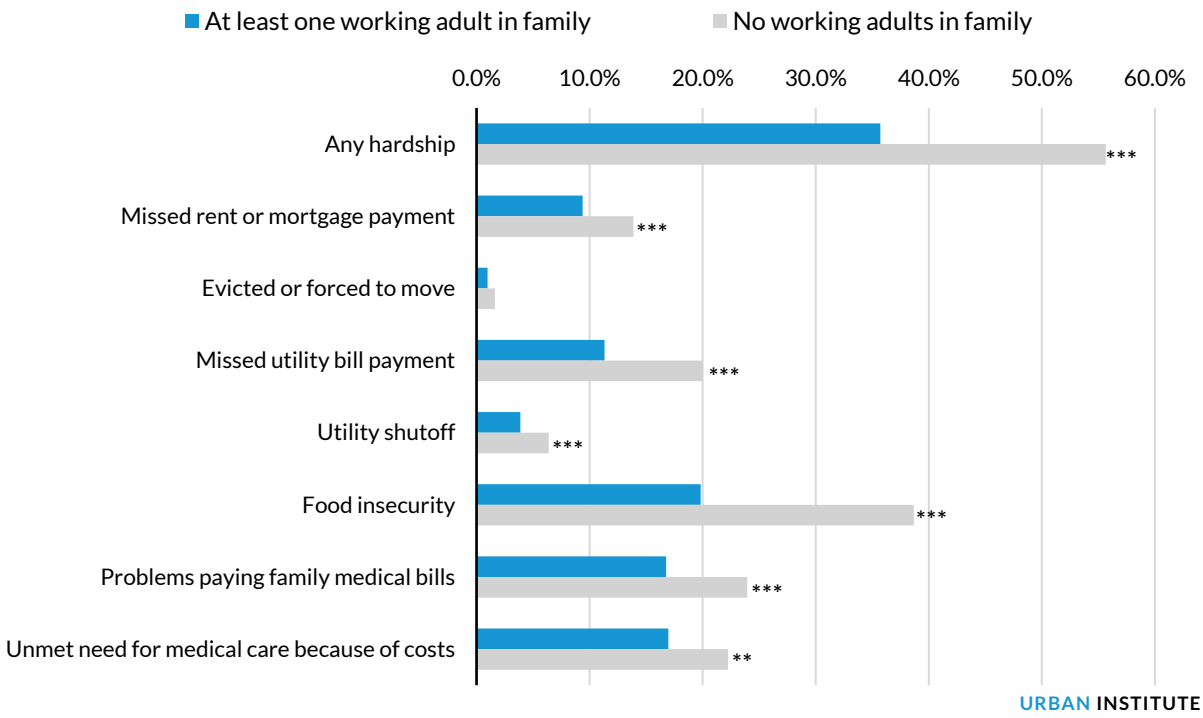
Note: FPL = the federal poverty level. Unmet need for medical care includes general doctor care, specialist care, prescription drugs, tests, treatment and follow-up care, dental care, mental health care or counseling, and substance use treatment or counseling. Food insecurity is based on the six-item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

*/**/*** Estimate differs significantly from estimate for adults with incomes below 100 percent of FPL at the 0.10/0.05/0.01 levels, using two-tailed tests.

Hardship is greatest among families without a working adult (55.7 percent), but over 35 percent of families with at least one working adult also reported difficulty meeting at least one basic need (figure 3). Nearly 20 percent of adults in working families reported household food insecurity, and approximately 17 percent reported problems paying medical bills or unmet needs for medical care. Those in families without working adults were nearly twice as likely as those in families with working adults to report food insecurity (38.7 percent versus 19.8 percent) and to miss a utility bill payment (20.0 percent versus 11.3 percent), but gaps were smaller between the shares with problems affording health care or with missed rent or mortgage payments.

FIGURE 3

Material Hardships in Past 12 Months Reported by Adults Ages 18 to 64 by Presence of a Working Adult in the Family, December 2017



Source: Well-Being and Basic Needs Survey, quarter 4 2017.

Notes: Family employment status is defined based on the work status of the respondent and the respondent's spouse or partner, if applicable. 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 estimate for those with at least one working adult in the family at the 0.10/0.05/0.01 levels, using two-tailed tests.

Adults are more likely to report material hardship if they are in fair or poor health or have multiple chronic conditions, but rates of hardship are also elevated for adults who are young, female, black or Hispanic, less educated, and living with children.

Adults who reported being in fair or poor health and those who reported having multiple chronic conditions were among those with the highest rates of material hardship (66.3 percent and 57.0 percent, respectively). For these adults, poor health may be both a cause and consequence of hardship because it can limit their ability to work and may be exacerbated by poor nutrition, unstable housing, lack of heating and other utilities, and limited access to health care.

Material hardship varies by other individual and family characteristics. Adults ages 18 to 34 were 8.6 percentage points more likely to report any hardship than adults ages 50 to 64, possibly reflecting lower employment rates, educational attainment, and earnings among the younger adults (table 1).[16] Women were more likely than men to report facing hardship (42.7 percent versus 35.9 percent). More

than half of black, non-Hispanic adults and Hispanic adults reported difficulty meeting at least one basic need compared with just over one-third of white, non-Hispanic adults. The likelihood of reporting hardship declines sharply as educational attainment increases: adults with less than a high school education were more than twice as likely as college graduates to report one or more hardships (56.4 percent versus 24.2 percent). The difference in rates of hardship by urban or rural residence was not statistically significant.

TABLE 1

Share of Adults Ages 18 to 64 Reporting Any Material Hardship in Past 12 Months, by Demographic and Health Characteristics, December 2017

Characteristic	Share	
Age		
18-34^	43.0%	
35-49	40.7%	
50-64	34.4%	***
Gender		
Male^	35.9%	
Female	42.7%	***
Race/ethnicity		
White, non-Hispanic^	34.4%	
Black, non-Hispanic	54.5%	***
Other or multiple races, non-Hispanic	31.0%	
Hispanic	50.1%	***
Educational attainment		
Less than high school^	56.4%	
High school	47.5%	**
Some college	42.7%	***
College or more	24.2%	***
Self-reported health status		
Excellent or very good^	26.4%	
Good	45.2%	***
Fair or poor	66.3%	***
Chronic conditions		
No chronic conditions^	33.0%	
One chronic condition	40.8%	***
Multiple chronic conditions	57.0%	***
Urban/rural residence		
Lives in urban area^	39.0%	
Lives in rural area	42.7%	
Family composition		
Married/partner, children under 19 in family^	37.3%	
Married/partner, no children under 19 in family	31.8%	***
Single, children under 19 in family	57.8%	***
Single, no children under 19 in family	44.5%	***
Presence of children in household		
Children under 19 in household^	43.3%	
No children under 19 in household	36.4%	***

Source: Well-Being and Basic Needs Survey, quarter 4 2017.

Note: Urban areas are defined as metropolitan statistical areas.

*/**/*** Estimate differs significantly from estimate for reference group (^) at the 0.10/0.05/0.01 levels, using two-tailed tests.

Single adults were more likely than married adults to report hardship, particularly if they were single parents. Overall, 43.3 percent of adults living with children in the household reported hardship compared with 36.4 percent of adults in households without children. Future analyses will explore differences across selected subgroups in a multivariate framework.

Many adults who report one type of hardship during the year often report other types as well.

Table 2 shows the degree of overlap between the various types of hardships examined in this analysis. For instance, among those reporting missing a rent or mortgage payment, about two-thirds (66.9 percent) also missed a utility bill payment, and a similar share (67.5 percent) reported their household was food insecure. Food insecurity often occurred alongside other problems: more than half of adults reporting health care, housing, or utility bill hardship also reported food insecurity.

Adults were much more likely than average to report being forced to move by a landlord, financial institution, or the government if they also reported having missed a rent or mortgage payment or having had a utility shut off, indicating that these hardships are important early warning signs that families may lose their housing.

TABLE 2

Overlap Between Types of Material Hardship in the Past 12 Months Reported by Adults Ages 18 to 64, December 2017

	Missed rent or mortgage payment	Missed utility bill payment	Utility shutoff	Food insecurity	Problems paying medical bills	Unmet need for medical care
Share reporting the following hardship						
Missed rent or mortgage payment	100.0%	52.3%	68.3%	29.3%	26.3%	22.2%
Forced to move or evicted	4.1%	3.1%	7.1%	2.8%	2.8%	2.4%
Missed utility bill payment	66.9%	100.0%	74.4%	37.7%	35.8%	28.7%
Utility shutoff	29.0%	24.7%	100.0%	12.9%	10.1%	9.8%
Food insecurity	67.5%	67.6%	74.0%	100.0%	55.3%	54.9%
Problems paying family medical bills	46.4%	49.4%	42.0%	43.1%	100.0%	58.4%
Unmet need for medical care because of costs	38.7%	39.2%	40.3%	42.4%	57.6%	100.0%
Sample size	955	1298	368	2375	1648	1611

Source: Well-Being and Basic Needs Survey, quarter 4 2017.

Notes: 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. Estimates not shown for adults who were forced to move or evicted because of low sample size.

When confronted with health care affordability challenges, some adults responded by skipping care; others may have received care (or had a family member who received care) but then had trouble paying providers. Most adults with a medical hardship, however, reported doing both. About 58 percent

of adults with problems paying medical bills also reported unmet needs for care, and a similar share of adults who reported unmet needs for care also reported problems paying medical bills. Respondents' decisions about whether to delay or forgo medical care may depend on the severity of their health problems or their access to low-cost care.

Discussion

Though critical to reducing material hardship, economic growth and low unemployment alone do not ensure everyone can meet their basic needs. Despite an annual average unemployment rate of 4.4 percent, nearly 40 percent of nonelderly adults reported difficulty affording food, health care, housing, or utilities in 2017, including over one-third of those in families in which at least one adult worked. Monitoring changes in hardship over the course of the business cycle will be important for understanding how families' material well-being responds to changes in the labor market.

The findings in this brief show that the existing safety net programs for families and individuals still leave gaps in the assistance they offer to meet basic needs. Previous research provides substantial evidence that rates of material hardship would be higher if public safety net programs were scaled back, given the important role these programs play in reducing hardships. Budget cuts and new restrictions on eligibility for safety net programs could further reduce the resources available to adults in poor and near-poor families (Giannarelli, Wheaton, and Morton 2017), over 60 percent of whom are already unable to meet all their basic needs over the course of a year.

The most recent proposed change to the safety net involves efforts to promote widespread adoption or expansion of work requirements in several of the largest means-tested programs. However, the results of this analysis highlight several potential barriers to work facing adults who already experience some form of hardship and the potential consequences of losing benefits. Hardship rates are high among adults reporting chronic health conditions, which may affect their ability to work. Levels of hardship are also disproportionately high among adults who lack education beyond high school and who may not have the skills needed for jobs that pay a living wage. Although many adults will qualify for exemptions because of illness, disability, or other reasons, others may not meet the exemption criteria. For adults whose health issues present barriers to work and who do not qualify for exemptions, loss of food, housing, and health care benefits could exacerbate their conditions and make it harder for them to find work in the future. More than half of single parents, and over 40 percent of adults living with children, reported at least one hardship, placing many children at risk of poor long-term educational and health outcomes.

Conclusion

As policymakers consider changes in access to safety net programs, they run the risk of increasing rates of material hardship, which could have detrimental short- and long-term impacts on children and adults. The WBNS will allow us to track individual and family well-being and ability to meet basic needs as the safety net and the economy continue to evolve. The survey will serve as a vital new resource for

policymakers and other key stakeholders seeking timely information on material hardship and other topics related to the safety net.

Notes

[1] Caitlin Dewey, "GOP Proposes Stricter Work Requirements for Food Stamp Recipients, a Step toward a Major Overhaul of the Social Safety Net," *Washington Post*, April 12, 2018; Tracy Jan, Caitlin Dewey, and Jeff Stein, "HUD Secretary Ben Carson to Propose Raising Rent for Low-Income Americans Receiving Federal Housing Subsidies," *Washington Post*, April 25, 2018.

[2] Other dimensions examined in studies of hardship have included a lack of consumer durable goods, such as a refrigerator; disconnected phone service; overcrowded housing; and poor housing quality (Iceland and Bauman 2007; Short and Shea 1995).

[3] One of the critical pathways through which poverty and hardship may affect long-term outcomes is exposure to chronic stress, which produces physical wear and tear referred to as "allostatic load" (McEwen 1998). Toxic stress in early childhood has lifelong biological effects that increase the risk of early onset of disease and reduce cognitive functioning (Shonkoff, Boyce, and McEwen 2009).

[4] The American Housing Survey, which collects detailed information on housing issues, also included supplemental questions on food security in 2015. The National Health and Nutrition Examination Survey collects data on both food security and health.

[5] Catherine Boudreau and Liz Crampton, "Senate Passes Farm Bill, Setting Up Food Stamp Battle with House," *Politico*, June 28, 2018.

[6] Tracy Jan, Caitlin Dewey, and Jeff Stein, "HUD Secretary Ben Carson to Propose Raising Rent for Low-Income Americans Receiving Federal Housing Subsidies." See also the "Making Affordable Housing Work Act of 2018," US Department of Housing and Urban Development, April 25, 2018,

[7] Nick Miroff, "Trump Proposal Would Penalize Immigrants Who Use Tax Credits and Other Benefits," *Washington Post*, March 28, 2018.

[8] Fielding the survey in December yields both advantages and disadvantages. For instance, respondents may be more likely to recall hardships occurring in the past 12 months when the reference period is for the calendar year. However, some households may be more likely to report hardship because of extra expenses around the holidays.

[9] Medical care is defined broadly to include general doctor and specialist care, dental care, tests, treatment or follow-up care, prescription drugs, mental health care or counseling, and substance use treatment.

[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] Matthew Rabbitt, US Department of Agriculture, personal communication, June 27, 2018.

[12] For measures of family employment status, we exclude 18-year-olds who are not married or living with a partner and do not have children. Most of these adults are living with a parent or guardian, and we define their families to include parents or guardians and siblings under age 19 who are living with them.

[13] The cumulative response rate is the product of the rate at which recruited households initially agree to participate in the KnowledgePanel, the rate at which those individuals complete a household demographic

profile to become active panel members, and the rate at which sampled panel members complete the survey (AAPOR 2016).

[14] "Regional and State Unemployment Rates – 2017 Annual Averages," news release, Bureau of Labor Statistics, February 27, 2018.

[15] The WBNS yields higher estimates of household food insecurity than federal surveys such as the CPS Food Security Supplement. The estimated share of nonelderly adults with household food insecurity is 23.3 percent in the WBNS compared with 12.7 percent in the CPS. The WBNS rate of household food insecurity is 46.5 percent among adults with income below 100 percent of FPL and 42.5 percent among those with incomes between 100 and 200 percent of FPL, compared with 34.6 percent and 22.9 percent, respectively, in the CPS. We discuss potential reasons for these differences in a separate report describing the results of a benchmarking analysis (Karpman, Zuckerman, and Gonzalez 2018).

[16] As noted, one potential source of measurement error for the estimates in table 1 is that most of the subgroups are based on the individual demographic and health characteristics of the respondent while most of the hardship measures are reported on behalf of the household or family, and we do not have data on the characteristics of other members of the respondent's household. However, when we limit the sample to single adults with no other household members, we find similar patterns in hardship by gender, race and ethnicity, educational attainment, urban or rural residence, health status, and presence of chronic conditions, though we do not find similar patterns by age.

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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 Gregory Acs, Colleen Heflin, Genevieve Kenney, Giridhar Mallya, Caroline Ratcliffe, Corianne Scally, and Elaine Waxman for helpful comments on this brief.

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