

Cover Sheet

Title: Hardship in the Heartland

Dates: May 14 – 25 and August 6 – 17, 2018

Applicant Information:

1) Aislinn Conrad-Hiebner, Assistant Professor, Social Work, 308 North Hall, aislinn-conrad-hiebner@uiowa.edu

2) Tessa Heeren, Research Associate, Health Policy Research Program, 218 SQ, tessa-heeren@uiowa.edu

3) Suzanne Bentler, Assistant Research Scientist, health Policy Research Program, 221A SQ, suzanne-bentler@uiowa.edu

Abstract:

At least 1 in 3 U.S. families experience material hardship, including insecurities related to food, medical care, and transportation. Material hardship is prevalent among families, yet does not drive eligibility guidelines for federal social safety net programs. Income poverty, rather than material hardship, determines whether families qualify for federal assistance through social safety net programs like Medicaid. Using income poverty to guide policy decisions is troubling because income poverty is a poor proxy for material hardship. Researchers find a weak association between income poverty and material hardship, and report that non-poor families also experience material hardship. By targeting poor families alone, social safety net programs may neglect a large swath of families with material hardship. To target families experiencing material hardship, social safety net programs need current estimates on the association between income poverty and material hardship. There are two limitations associated with this finding, though, related to the age of the publications and generalizability of the findings to rural states like Iowa. Most research on material hardship predates the Great Recession and has not attended to the role of rurality in the experience of material hardship. Given the wage-dampening effect of the Great Recession, it is important to know whether the relationship between income poverty and material hardship has changed since the mid-2000s. Using current data from the State Innovation Model (SIM) Household Survey, we propose to 1) describe the prevalence of material hardship (food, health, transportation, and cumulative) across the State of Iowa, 2) investigate the relationship between income poverty and material hardship, 3) examine how geographical location impacts the experience of material hardship, 4) develop new survey items for the 2018 State Innovation Model Household Survey based on our findings, and 5) disseminate results from this work in a policy brief and peer-reviewed journal article.

Hardship in the Heartland

What do you propose to do? The purpose of our research is to describe the incidence of material hardship across the State of Iowa. *Material hardship* occurs when a family's consumption of goods and services falls below an acceptable standard. Material hardship often includes the security and quality of food, transportation, and housing, the ability to pay bills, and access to a doctor when needed. Using current data from the State Innovation Model (SIM) Household Survey, we propose to 1) describe the prevalence of material hardship (food hardship, health hardship, transportation hardship, and cumulative hardship) across the State of Iowa, 2) investigate the relationship between income poverty and material hardship, 3) examine how geographical location impacts the experience of material hardship, 4) develop new survey items for the 2018 State Innovation Model (SIM) Household Survey based on our findings, and 5) disseminate results from this work in a policy brief and peer-reviewed journal article.

Why is it important and policy-relevant? At least 1 in 3 families experience material hardship in the United States (Conrad-Hiebner & Paschall, 2017). Families with material hardship commonly face insecurities related to food, housing, bill-paying, and transportation (Beverly, 2001). Material hardship is problematic for families, leading to academic problems and social-emotional difficulties in children, and depression and harsh parenting practices in adults (Bradley & Corwyn, 2002; Brooks-Gunn & Duncan, 1997; Conger & Donnellan, 2007; Gershoff et al., 2007).

Material hardship is prevalent among U.S. families, yet does not drive eligibility guidelines for federal social safety net programs. Income poverty, rather than material hardship, determines whether families qualify for federal assistance through social safety net programs like Temporary Assistance to Needy Families, Supplemental Nutritional Assistance Program, and Medicaid. Using income poverty to guide policy decisions is troubling because income poverty is a poor proxy for material hardship. Researchers find a weak association between income poverty and material hardship, and, in fact, report that non-poor families also experience material hardship (Conrad-Hiebner & Paschall, 2017; Iceland & Bauman, 2007; Mayer & Jencks, 1989; Short, 2005). That is, income does not predict whether families experience material hardship. There are low-income families without material hardship and higher-income families that struggle meeting their needs for food and housing.

The limited overlap between material hardship and income poverty has implications for social safety net programs. Social safety net programs are designed to offset poverty and help families afford food, housing, and medical care. By targeting poor families alone, social safety net programs may neglect a large swath of families with material hardship. This may indicate a mismatch between the intended and actual recipients of social safety net programs. In other words, we don't know whether all families who have material hardship receive social safety net program assistance. In the absence of this knowledge, the ability of social safety net programs to reduce material need may be diminished. In response to this gap, we plan to investigate associations between income poverty and material hardship to make appropriate policy recommendations.

To target families experiencing material hardship, social safety net programs need current estimates on the association between income poverty and material hardship. Researchers indicate a small correlation between material hardship and income poverty, yet there are limitations associated with this finding. First, research on material hardship and income poverty is dated, with most studies conducted before the Great Recession beginning in 2007. Given the wage-dampening effect of the Great Recession, it is important to know whether the relationship between income poverty and material hardship has changed since the mid-2000s. In the absence of this knowledge, we may underestimate the true impact of the Great Recession on income poverty, material hardship, and family wellbeing. Second, most research on material hardship and income poverty has not attended to the role of geographical location. Without understanding the impact of rurality on material hardship, we do not know whether available research on material hardship applies to rural states like Iowa. Using current data from the SIM study, we plan to address both limitations in the proposed research by 1) describing the prevalence of material hardship (food, transportation, health, cumulative) across the State of Iowa, 2) examining the relationship between income poverty (income, number of children, health insurance) and material hardship, and 3) investigating the impact of geographical location on material hardship.

Our research contributes to literature on material hardship by providing current estimates of the relationship between income poverty and material hardship and examining the impact of geographic location on material hardship. Our expected findings have implications for families affected by material hardship. By drawing attention to the prevalence of material hardship and importance of geographic context, policymakers can use our findings to advocate for families experiencing material hardship. In the absence of this knowledge, social safety net programs may continue targeting families without material hardship.

What earlier work has been done on the project and related areas? As researchers from the School of Social Work and the Public Policy Center, we bring diverse expertise and knowledge to our collaborative work, unified through a desire to support vulnerable families in Iowa facing material hardship. Although we are in the early stages of our collaborative research, our diverse and complementary expertise and scholarship position us to study the association between material hardship and income, and how geographical context impacts material hardship.

Both Dr. Conrad-Hiebner and Dr. Bentler study material hardship through their respective disciplinary lenses. Dr. Conrad-Hiebner is a social work professor who investigates the impact of economic insecurity (material hardship, income) on family wellbeing. Dr. Bentler, on the other hand, is a health policy research scientist who examines the health, transportation needs, and healthcare needs of vulnerable families, including families of children with serious emotional disturbances. Ms. Heeren bridges Dr. Conrad-Hiebner and Dr. Bentler's work, having served as a graduate research assistant for Dr. Conrad-Hiebner and research associate on Dr. Bentler's health policy research team. At present, Ms. Heeren and Dr. Bentler conduct ongoing evaluations of the health, medical needs, health care of families involved with Medicaid and the State Innovation Model.

Due to our overlapping interests in material hardship, Ms. Heeren, Dr. Conrad-Hiebner and Dr. Bentler developed an informal collaboration in 2017. We have met several times to formulate the

proposed research plan and identify and select data sources (e.g., SIM survey and potentially others). After completing the proposed research, we plan to continue our research together.

What is the value of the collaboration? As researchers from different units (Social Work and Public Policy Center) working together in residency would provide invaluable opportunities to formalize our collaboration. The residency program will help us solidify our collaboration by providing the time, space, and resources to complete high-quality research on material hardship in Iowa and studying the relationship between geographical context, income poverty and material hardship. We believe this residency is an important step in our collaboration, which will continue after our time in residency. Based on our proposed findings, we plan to add questions to the 2018 State Innovation Model (SIM) Household Survey. Additionally, our time together at PPC will help us develop our interdisciplinary research agenda and secure future external funding to pursue this broader agenda.

What will be achieved by the end of the grant period?

Table 1. Timeline for Proposed Research

Phases	Tasks	Deliverables
<i>Phase 1 – Residency (May 14 – 25)</i>	<ol style="list-style-type: none"> 1. Run descriptive statistics on variables of interest 2. Operationalize study variables after reviewing literature and achieving team consensus 3. Prepare data for analysis (clean, recode) 4. Run initial analyses 	<ol style="list-style-type: none"> 1. Initial study results
<i>Phase 2 – Post-residency (May 28 – Aug 3)</i>	<ol style="list-style-type: none"> 1. Discuss next steps for the analysis 2. Develop dissemination plan based on results 3. Propose questions for the State Innovation Model (SIM) Household Survey 	<ol style="list-style-type: none"> 2. Final analytic plan 3. Dissemination plan 4. Questions for State Innovation Model (SIM) Household Survey
<i>Phase 2 – Residency (Aug 6 – 17)</i>	<ol style="list-style-type: none"> 1. Analyze data to answer research questions 2. Write up initial findings for dissemination 3. Identify venues for policy brief (e.g., PPC, Open Forest) 3. Include new questions on household health survey 	<ol style="list-style-type: none"> 5. Policy brief 6. Lunch and learn presentation 7. Modified State Innovation Model (SIM) Household Survey
<i>Phase 3 – Post-residency (Aug 20 – Jan 31)</i>	<ol style="list-style-type: none"> 1. Prepare manuscript for publication 2. Identify an appropriate peer-reviewed journal (e.g., <i>Journal of Social Policy</i>, <i>Journal of Family Issues</i>, <i>Social Problems</i>) 2. Submit manuscript 3. Collect household health survey data 4. Plan next steps of collaboration 	<ol style="list-style-type: none"> 8. Peer-reviewed manuscript 9. Collaboration plan