

# Beyond Income Poverty: Measuring Disadvantage in Terms of Material Hardship and Health



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## ABSTRACT

The New York City (NYC) Longitudinal Study of Wellbeing, or “Poverty Tracker,” is a survey of approximately 2300 NYC residents. Its purpose is to provide a multidimensional and dynamic understanding of economic disadvantage in NYC. Measures of disadvantage were collected at baseline and a 12-month follow-up, and include 3 types of disadvantage: 1) income poverty, using a measure on the basis of the new Supplemental Poverty Measure; 2) material hardship, including indicators of food insecurity, housing hardship, unmet medical needs, utility cutoffs, and financial insecurity; and 3) adult health problems, which can drain family time and resources. In this article initial results for NYC families with children younger than the age of 18 years are presented. At baseline, 56% of families with children had 1 or more type of disadvantage, including 28% with income poverty, 39% with material hardship, and 17% with an adult health problem. Even among nonpoor families, 33% experienced material hardship and

14% reported an adult health problem. Two-thirds of all families faced disadvantage at either baseline or follow-up, with 46% experiencing some kind of disadvantage at both time points. Respondents with a college education were much less likely to face disadvantage. Even after adjusting for educational attainment and family characteristics, the families of black and Hispanic respondents had increased rates of disadvantage. Considering income poverty alone the extent of disadvantage among families with children in NYC is greatly understated. These results suggest that in addition to addressing income poverty, policymakers should give priority to efforts to reduce material hardship and help families cope with chronic physical or mental illness. The need for these resources extends far above the poverty line.

**KEYWORDS:** children; material hardship; poverty

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A GOOD DEAL of attention has focused on measuring and alleviating income poverty, and rightly so. Money matters for child health and development, and a number of social programs have as their aim to help raise the living standards of the poor or near-poor. But society’s concern about poor children extends beyond income poverty. We also are concerned if children lack adequate housing, food, and medical care, or if their families face significant health challenges that drain time and resources. Ideally, we would like to know not just how many families are poor in income terms, but also how many are disadvantaged in other respects—in particular, with regard to material hardship and health and well-being.

To better understand the links among income poverty, material hardship, and health, a group of researchers at Columbia University, in partnership with the Robin Hood Foundation, launched the New York City Longitudinal Study of Wellbeing, or “Poverty Tracker,” a survey of approximately 2300 New York City residents that gathered data on income poverty, material hardship, and health and well-being. The Poverty Tracker is un-

usual in gathering information from the same sample about these multiple aspects of disadvantage, and in conducting interviews every 3 months over 2 years, to provide a more comprehensive and dynamic picture of poverty and how it relates to material hardship and well-being.

In this article we briefly describe the Poverty Tracker survey and how it measures disadvantage, and summarize some of our initial findings for families with children in New York City. Drawing on the baseline and 12-month follow-up surveys, this article has several objectives. The first is to describe the prevalence and interrelationship of income poverty, material hardship, and adult health problems among families with children. The second is to describe the “dynamics of disadvantage,” or the patterns of stability and change in disadvantage over time. The third is to examine how the risk of disadvantage varies according to individual and family characteristics. By combining a measure of poverty with indicators of material hardship and adult health problems, the results provide a distinctive picture of economic

disadvantage in a representative sample of urban families with children.

## CONCEPTUALIZING AND MEASURING DISADVANTAGE

The purpose of the Poverty Tracker is to provide a multi-dimensional and dynamic understanding of economic disadvantage. Income poverty is an important element of this construct; it is well established that poverty is detrimental for children's development, health, and well-being.<sup>1-3</sup> The poverty measure we use is on the basis of the Census Bureau and Bureau of Labor Statistics' new Supplemental Poverty Measure (SPM), which is widely considered to be an improved measure of income poverty relative to official statistics because it takes into account government transfers such as the Earned Income Tax Credit and Food Stamps not counted in the official measure, geographic differences in cost of living, as well as costs such as medical expenses, child care, and commuting.<sup>4</sup> Families are classified as poor if their annual income (defined as post-tax cash income plus in-kind benefits, less expenditures for medical care, child care, or commuting) is below a poverty line specific to New York City.

However, it is important to go beyond income to understand conditions that can reinforce disadvantage and cause families to struggle. Capturing multiple dimensions of disadvantage provides a fuller picture of the challenges and stressors faced by low- and moderate-income families. The Poverty Tracker study examined 2 such conditions. One is material hardship, or the inability to make ends meet, as measured by indicators such as food insecurity or inability to afford rent, utilities, or medical care. Material hardship has received increasing attention as an influence on child health and well-being<sup>5-8</sup> and as a mediator of the effects of income poverty on children.<sup>9,10</sup> The Poverty Tracker survey asked about 5 types of hardship: financial (running out of money), bills (utility cutoffs due to nonpayment of bills), food insecurity, unmet medical need, and housing hardship.

The Poverty Tracker also included an indicator of family health: whether the adult survey respondent reported a work-limiting disability or poor self-rated health. Although family health is not commonly used as an indicator of disadvantage, a parent's illness can place a significant strain on the family, making it more difficult for parents to provide and care for their children. Parental depression and other mental illnesses have significant implications for children's psychosocial and health outcomes.<sup>11-16</sup> A parent's physical illness or disability can also have detrimental effects on children and families,<sup>17-21</sup> in part because it increases the risk of joblessness, poverty, and material hardship.<sup>22-25</sup>

The Poverty Tracker builds on previous efforts to document the prevalence of material hardship and its association with income poverty, for the overall population and also for families with children.<sup>6,26-30</sup> By adding adult health problems to our measure of disadvantage, the Poverty Tracker reflects the insights of extensive research

on health disparities and on the links between health and social, psychological, and economic well-being.<sup>31</sup> The current article documents the prevalence and patterns of change in this more comprehensive disadvantage measure for families with children.

## DATA AND METHODS

In this article we present data from the baseline and 12-month follow-up waves of the New York City Longitudinal Study of Wellbeing, a representative survey of New York City residents aged 18 years or older. The Columbia University institutional review board reviewed and approved the study.

### SAMPLE AND DATA COLLECTION

The baseline survey was conducted between December 2012 and March 2013. A sample of 2002 New York City residents was recruited via random digit dial by the survey research firm Abt-SRBI. In addition, a random sample ( $n = 226$ ) of clients was recruited from a probability sample of Robin Hood Foundation-funded social service agencies. Baseline surveys with agency participants were usually conducted face-to-face. This "agency sample" was included to augment the number of low- and moderate-income study participants, increasing statistical power for subgroup analyses and providing insight into the lives of very disadvantaged individuals, such as the homeless, who are often missed in phone surveys. Approximately 1 in 5 agency participants was provided with a basic cell phone in lieu of cash incentives for survey completion; the phone facilitated study retention for participants who did not have a stable address or means of communication. After completing the baseline survey, all study participants were then recontacted by phone and/or e-mail approximately every 3 months to participate in follow-up surveys; a small number of study participants completed paper surveys sent by mail. Consent was verbal for in-person and phone interviews and written for online and paper surveys.

### WEIGHTS

Baseline and follow-up samples are weighted so that they are representative of the adult population of New York City. Survey weights account for survey nonresponse and attrition, differential selection probabilities between and within households, and poststratification adjustments on the basis of the American Community Survey.

### MEASURES

The study used 3 indicators of disadvantage. The first was a measure of income poverty on the basis of the Census Bureau's new SPM. Unlike the official poverty measure, the SPM includes unmarried domestic partners and their relatives, unrelated children younger than age 15 years, and foster children younger than the age of 22 years in calculating income thresholds and household size. To develop poverty thresholds, 2012 SPM thresholds were adjusted to reflect New York City's cost of living using

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