

ALICE: THE CONSEQUENCES OF INSUFFICIENT HOUSEHOLD INCOME

LIVE UNITED

2017
REPORT



ALICE® is an acronym for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed. This is a project of United Ways in Connecticut, Florida, Hawaii, Idaho, Indiana, Iowa, Louisiana, Maryland, Michigan, New Jersey, New York, Ohio, Oregon, Virginia, Washington, and Wisconsin.



THE UNITED WAY ALICE PROJECT

The United Way *ALICE Project* provides a framework, language, and tools to measure and understand the struggles of the growing number of households in our communities that do not earn enough to afford basic necessities, a population called **ALICE** (**A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed). This research initiative partners with more than 450 United Way organizations across the country to present data that can stimulate meaningful discussion, attract new partners, and ultimately inform strategies that create positive change.

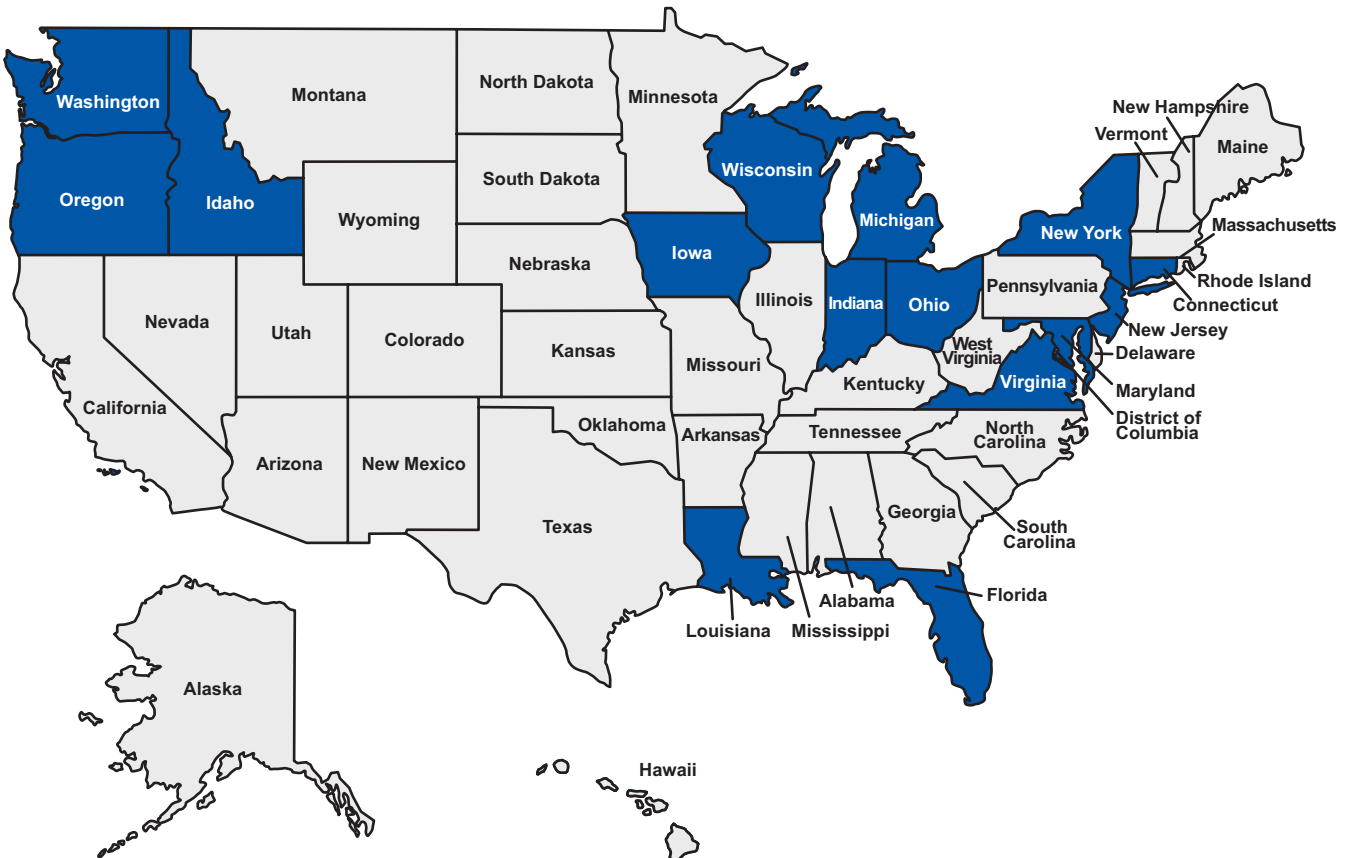
Based on the overwhelming success of this research in identifying and articulating the needs of this vulnerable population, the United Way *ALICE Project* has grown from a pilot in Morris County, New Jersey in 2009, to the entire state of New Jersey in 2012, to the national level with 15 states now participating.

This new *Consequences of Insufficient Household Income* report provides a deeper level of understanding of the choices that ALICE and poverty-level families across the country make when they do not have enough income or assistance to afford basic necessities, and the consequences of those choices.

This report is meant to inform a variety of policy solutions that can improve the lives of ALICE families in every state. United Ways along with policymakers, government employees, nonprofits, academics, and community organizations are using the ALICE data to better understand the struggles and needs of their employees, customers, and communities, and to discover innovative approaches that improve life for ALICE and the wider community.

To access reports from all states, visit UnitedWayALICE.org

States With United Way ALICE Reports



THE ALICE RESEARCH TEAM

The United Way *ALICE Project* provides high-quality, research-based information to foster a better understanding of who is struggling in our communities. To produce this *Consequences of Insufficient Household Income* report, a team of researchers collaborated with a National Research Advisory Committee, composed of 15 representatives from many of the states participating in the *Project*. This collaborative model ensures that the Report represents the issues and consequences in all of the states included.

Lead Researcher

Stephanie Hoopes, Ph.D., is the lead researcher and director of the United Way *ALICE Project*. Dr. Hoopes' research focuses on the circumstances of low-income households, and has garnered both state and national media attention. She has overseen the expansion of the *Project* from a pilot study of one county to a broad-based initiative that covers 16 states. Before joining the staff of United Way of Northern New Jersey in 2015, Dr. Hoopes was an assistant professor at the School of Public Affairs and Administration (SPAA), Rutgers University-Newark, from 2011 to 2015. SPAA continues to support the United Way *ALICE Project* with access to research resources. Dr. Hoopes has a doctorate from the London School of Economics.

Research Support and Production Team

Andrew Abrahamson ■ Aliyah Baruchin ■ Andrea Conway ■ Helen McGinnis
Tracy Sica ■ Dan Treglia, Ph.D.

National ALICE Research Advisory Committee

Stuart Anderson, Ph.D.
*Federal Reserve Bank of
Atlanta, Florida*

Andrew Bradley
*Indiana Institute for Working
Families, Indiana*

Glennda M. Bivens, M.Ed.
Iowa State University, Iowa

David Callejo Pérez, Ed.D.
*Saginaw Valley State University,
Michigan*

Jill Hoiting
*Supporting Families Together
Association, Wisconsin*

Matthew Krzyzek
*Connecticut Department
of Labor, Connecticut*

David Lee
Feeding Wisconsin, Wisconsin

Ali Modarres, Ph.D.
*University of Washington,
Tacoma, Washington*

Jan Moller
*Louisiana Budget Project,
Louisiana*

Guillermo Montes, Ph.D.
Children's Institute, New York

Robin Perry, Ph.D.
Florida A&M University, Florida

Brian Pittelko, M.P.A.
*W.E. Upjohn Institute for
Employment Research, Michigan*

Luke Shaefer, Ph.D.
University of Michigan, Michigan

Joshua Simons, M.P.A.
*State University of New York
at New Paltz, New York*

Adrienne C. Slack
*Federal Reserve Bank
of Atlanta – New Orleans
Branch, Louisiana*

NATIONAL ALICE ADVISORY COUNCIL

The following companies are major funders and supporters of the United Way *ALICE Project*.

Aetna Foundation ■ AT&T ■ Atlantic Health System ■ Deloitte ■ Entergy
Johnson & Johnson ■ KeyBank ■ Novartis Pharmaceuticals Corporation ■ OneMain Financial
RWJBarnabas Health ■ Thrivent Financial Foundation ■ Union Bank & Trust ■ UPS ■ U.S. Venture

PHOTOGRAPHER FOR OUR REPORT

ARTIST'S STATEMENT

A photograph bears not just the soul of the image but also that of its interpreter.

Between strength and instability...between vulnerability and pride is the ALICE population. Every day they maintain the balancing act of holding a job and simply holding it together. We see ALICE teaching and caring for our children, working in stores and restaurants we frequent, and providing other vital daily services. I am indebted to those families who include me in their journey, allowing me into their pasts and generously opening their hearts so that we may better understand their struggles.

I use my art to humanize statistics, bring visibility to a growing challenge, and offer a focal point around which viewers can engage. My photographs provide a critical link between organizations addressing the issue of working poverty and the broader community who live and work alongside ALICE. My hope is that the photographs accompanying this report will help give voice to this often-misperceived population.

About Susan Sidebottom: Susan has been combining her public service commitment and her passion for photography to influence social change for the last ten years. She has served in Board leadership positions with San Francisco Street Project, San Francisco Volunteer Center, Levine Museum of the New South, and Harvey B. Gantt Center for African American Arts + Culture. Susan's photography exhibits have included "Lifeline to the Community" and "On the Edge: Homeless and Working Among Us," and she is currently working on "Paterson: Other Side of the Story."



Photographyreflects.com [Instagram.com/susan.sidebottom](https://www.instagram.com/susan.sidebottom)

ALICE: BRINGING HARDSHIP INTO FOCUS

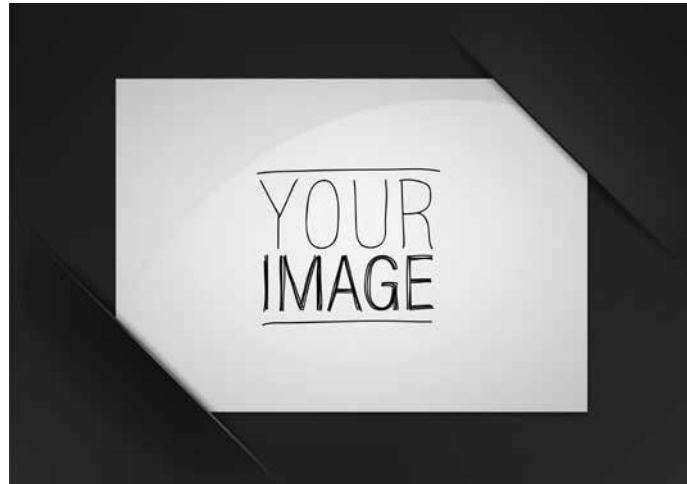
For millions of working families, every day is a test. But on this test the choices are all impossible, and one wrong answer can have devastating results: pay the rent or pick up that prescription, buy auto insurance or keep the lights on, fill the fridge or the car's gas tank.

The pages that follow in this report offer a glimpse into this often hidden world of financial struggle, revealing the incredibly risky strategies that financially challenged families deploy to meet their most basic needs.

WE NEED YOUR HELP!

The United Way *ALICE Project* is seeking original and striking images that realistically depict the day-to-day lives of ALICE workers – their jobs, their homes, their communities, and their struggles to keep their families from falling into poverty.

With these images, we hope to defy the stereotype that people who struggle to make ends meet are just not working hard enough. This gallery will provide a powerful, personal understanding of the harsh realities these workers and their families face every day, just in trying to get by.



SHOW US THE FACE OF STRUGGLE

Images of hardship may be difficult, but submitting them is easy as 1, 2, 3:

- 1 Take an original picture:** Snap a photo that you believe communicates something about the struggle to make ends meet.
- 2 Write a caption:** What is the image about and why did it speak to you?
- 3 Submit it:** Upload the image at UnitedWayALICE.org/SubmitPhoto (please send the highest resolution possible).

By submitting your photo(s) (the "Photo(s)"), you are granting United Way a non-exclusive, perpetual, irrevocable, royalty-free right and license, with the right to sub-license, to use, reproduce, copy, edit, modify, display, distribute and otherwise exploit the Photo(s) through the press, online, social media, hard-copy promotional materials, and through all other mediums and methods available. These rights are granted to United Way at no cost. You warrant and represent that (i) the Photo(s) not infringe upon or violate any intellectual property rights (including but not limited to, any copyrights, trademarks, or rights of publicity or privacy) of any person or entity; and (ii) you have obtained all clearances, releases and licenses necessary to grant these rights to United Way, free and clear of any third party claims relating to the Photo(s). You agree that you will indemnify, defend and hold harmless United Way and its sublicensees from and against any claim, suit or proceeding brought by a third party against United Way or its sublicensees, to the extent that it is based on or arises from any breach by you of the warranties or representations set forth above.

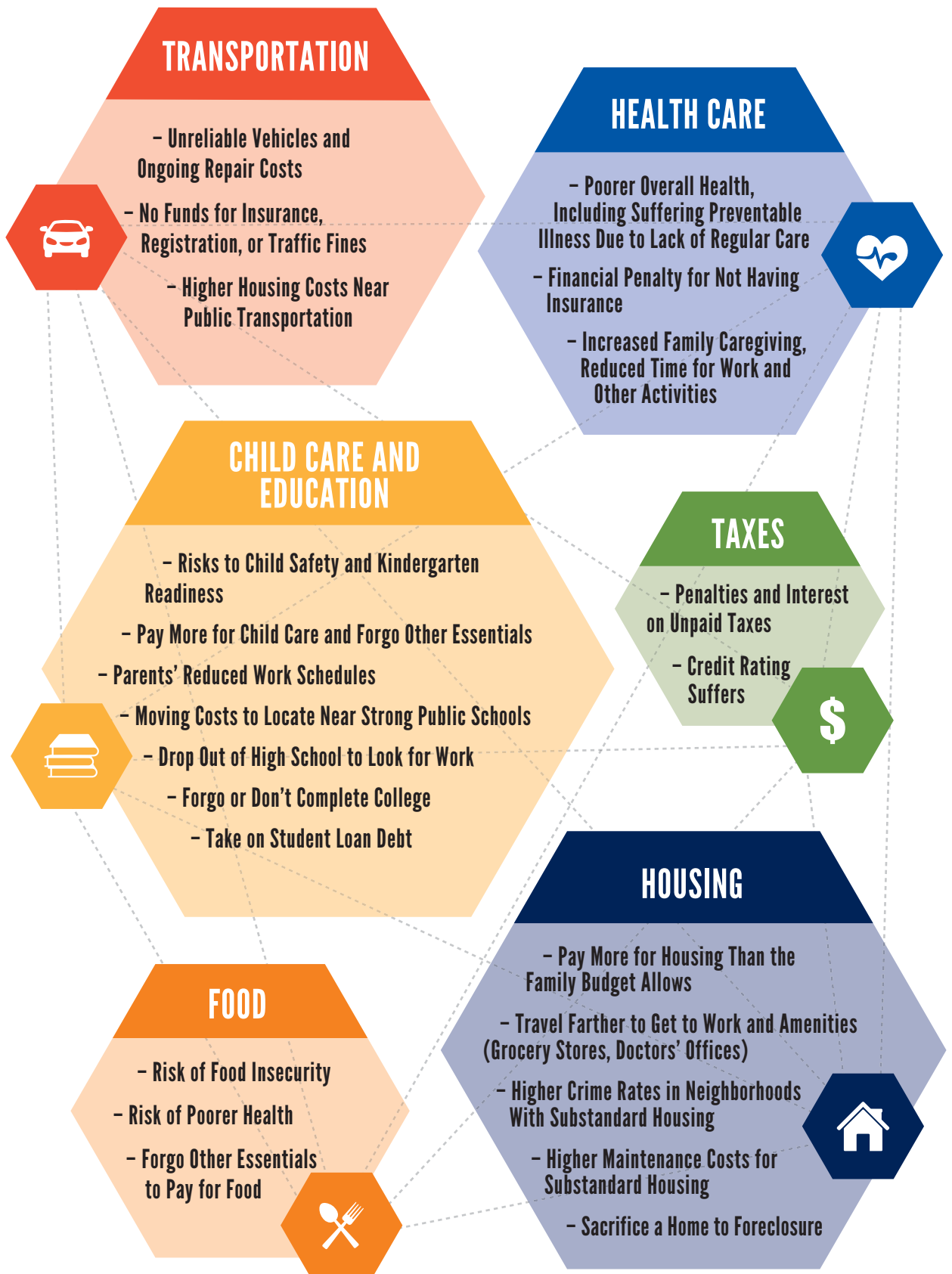
TABLE OF CONTENTS

INTRODUCTION	4
HOUSING	8
CHILD CARE AND EDUCATION.....	22
FOOD	40
TRANSPORTATION	50
HEALTH CARE	60
TAXES.....	76
CONCLUSION: SUMMARY	82
BIBLIOGRAPHY	86



WHAT ARE THE CONSEQUENCES?

RISKS AND COSTS FOR ALICE...



...AND FOR ALL FAMILIES



INTRODUCTION



How do people in our day-to-day lives – child care workers, cashiers, salespeople, busboys, auto workers, home health aides – support their families on low-wage incomes? They do so by making difficult choices about what to pay for and what to forgo. These choices are daunting, and they have both immediate and long-term consequences for low-income households and their communities.

To give a face to households that earn more than the Federal Poverty Level (FPL) but less than the basic cost of living in their area, United Way created the acronym **ALICE**, which stands for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed. ALICE lives paycheck to paycheck, just one car accident or medical bill away from crisis.

The United Way *ALICE Project* has studied the ALICE population in 15 states, using a set of new tools to measure financial hardship:

- **The ALICE Threshold** – a bare-minimum economic survival level that takes the local cost of living into account. Families earning below the ALICE Threshold include both ALICE households and those in poverty.
- **The Household Survival Budget** – a bare-minimum budget that estimates the lowest cost of the five basic household necessities – housing, child care, food, transportation, and health care.
- **The ALICE Income Assessment** – a measure of how far ALICE households remain from reaching the ALICE Threshold despite both earned income and assistance from government and nonprofits.
- **The Economic Viability Dashboard** – a measure of the conditions ALICE households face in each county on three indices: Affordable Housing, Job Opportunities, and Community Resources.

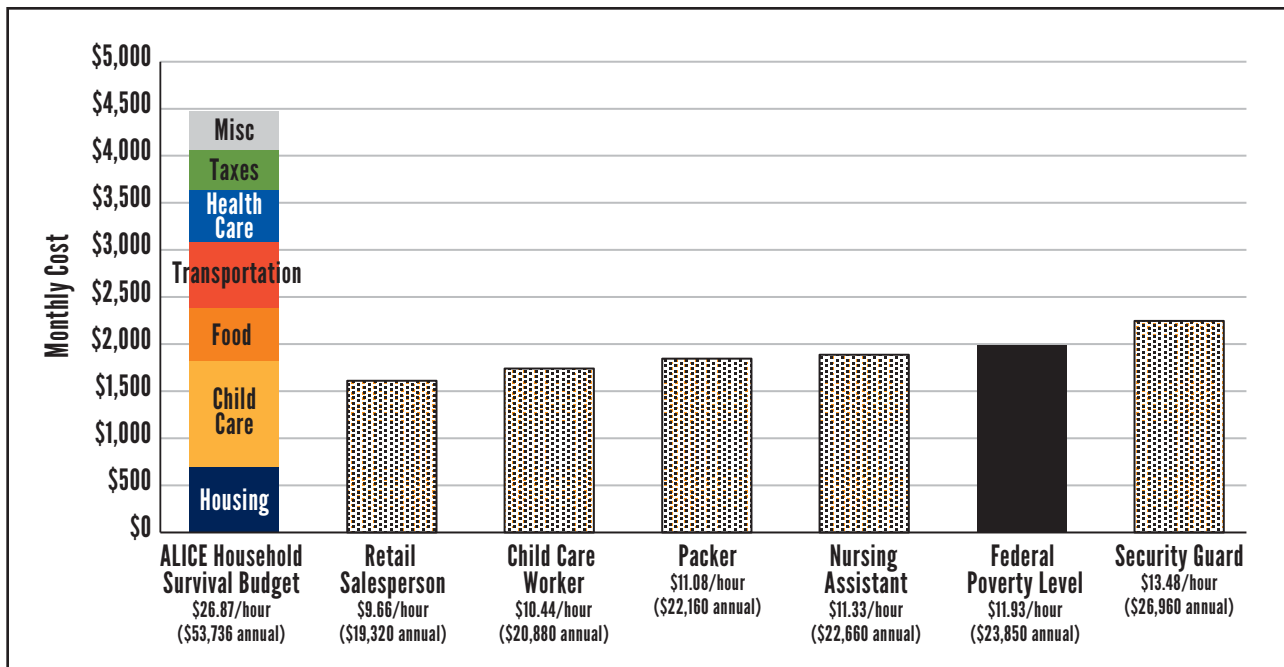
Of the 38 million households across these states, 40 percent could not afford the bare-minimum Household Survival Budget in 2014. The number struggling in a given county depends on the local cost of the Household Survival Budget as well as the income opportunities available.

The Household Survival Budget estimates costs only at a survival level, yet ALICE families do not earn enough to afford even that. The gap between the cost of the Household Survival Budget for a family of four and what an ALICE worker earns is shown in Figure 1. In 2014, across the states included in the United Way *ALICE Project*, the bare-minimum cost of housing, child care, food, transportation, health care, and taxes for a family of four totaled \$4,729 per month on average – well more than the full-time wages of a typical ALICE job. A security guard working full time, year-round could afford only 48 percent of this basic budget. A nursing assistant, retail salesperson, child care worker, or packer could afford just over one-third of the budget.

And in every state, the budget is still well above the Federal Poverty Level (Figure 2), which covers only 42 percent of the average state Survival Budget.

Figure 1.

ALICE Household Survival Budget vs. ALICE Monthly Wages, 2014



Source: U.S. Department of Housing and Urban Development, 2014a; Child Care Aware of America, 2015; U.S. Department of Agriculture, 2014; Bloomberg, 2016; and Bureau of Labor Statistics (BLS), 2014 and 2014a

Figure 2.**Percent of Households Below the ALICE Threshold Based on Wages and Household Survival Budget, 2014**

State	Total Households	Households Below ALICE Threshold	Household Survival Budget		Percent of Jobs Paying Less Than \$20/Hr
			Single Adult	Family of Four	
<i>Federal Poverty Level</i>			\$11,670	\$23,850	
Connecticut	1,355,817	38%	\$22,656	\$70,788	49%
Florida	7,328,403	43%	\$17,700	\$48,012	69%
Iowa	1,242,859	31%	\$16,932	\$46,680	68%
Idaho	594,276	39%	\$17,808	\$47,676	71%
Indiana	2,497,198	36%	\$17,400	\$47,952	68%
Louisiana	1,718,876	42%	\$16,812	\$46,236	68%
Maryland	2,166,102	35%	\$23,568	\$61,224	53%
Michigan	3,835,841	41%	\$17,916	\$54,564	62%
New Jersey	3,194,844	37%	\$24,300	\$64,176	52%
New York	7,289,792	44%	\$21,540	\$62,472	55%
Ohio	4,595,301	41%	\$21,948	\$58,224	64%
Oregon	1,536,797	39%	\$18,996	\$53,328	62%
Virginia	3,081,325	39%	\$22,212	\$60,876	58%
Washington	2,678,337	32%	\$17,592	\$53,700	55%
Wisconsin	2,305,663	42%	\$23,196	\$54,804	65%
15 States	45,425,396 (39% of U.S. HHs)	40% (average)	\$20,038 (average)	\$55,381 (average)	61% (average)

Source: American Community Survey, 2014, and the ALICE Threshold, 2014; U.S. Department of Housing and Urban Development (HUD), 2014a; U.S. Department of Agriculture (USDA), 2014; Bureau of Labor Statistics (BLS), 2014; Internal Revenue Service (IRS), 2014; Bureau of Labor Statistics, Occupational Employment Statistics (OES) Wage Survey – All Industries Combined, 2014; and state treasuries and state child care agencies, 2014

This *Consequences of Insufficient Household Income* report explores how ALICE and poverty-level families manage when they do not have enough income or assistance to afford basic necessities. Strategies reported here are those that families are currently employing across the U.S. in order to survive. The larger the gap between income and costs, the more extreme the strategies, and the greater the risks to a family's immediate health and safety. These strategies have consequences for a family's employment, for where they live, for what they eat, and for how their children fare in school. In addition, these choices affect many beyond the immediate family, including all who live, work, volunteer, and go to school in the same community, in terms of reducing economic productivity, stressing local health care and education systems, and raising insurance premiums and taxes for everyone.

This report covers the choices that families make in each of the five essential areas of a household budget – housing, child care and education, food, transportation, and health care – as well as the role of taxes in financial decision making. There is no evaluation of the efficacy of these choices; all are sub-optimal. Rather, the report outlines the consequences of each choice, for the family and then for the broader community.

The purpose of this report is to present extensive research in each subject area, but just as crucially, **to highlight how choices in one area invariably affect choices in others.** For this reason, the report is meant to be read as a whole. With this clear documentation of the issues and of how they are interconnected, community stakeholders can start to build solutions for their neighborhoods, towns and cities, counties, and states.

This report is meant to inform a variety of policy solutions that can improve the lives of ALICE families in every state. The United Way ALICE Reports are a trusted resource for United Ways across the country; the ALICE data is available to policymakers, government employees, nonprofits, academics, and community organizations. This report is meant to provide a nonpartisan overview of a set of serious problems. The challenges ALICE families face are not liberal or conservative, Democratic, Republican, or Independent issues. Their hardship requires attention and solutions from all corners of the policy domain. We are all better off when ALICE has better choices.

GLOSSARY OF ICONS

The choices ALICE families make in one budget area often have consequences in others. Throughout this report, we map these interconnections with the following icons:

 **HOUSING**
Renters and Owners

 **CHILD CARE AND EDUCATION**
Preschool to Higher Education

 **FOOD**
Quantity and Quality

 **TRANSPORTATION**
Vehicles and Public Transit

 **HEALTH CARE**
Primary/Specialty/Emergency Care

 **TAXES**
Federal and State

 **INCOME AND SAVINGS**
Consequences of Low Income That Make it Even Harder to Work, Earn, and Save More



HOUSING



Having a home is the foundation of financial stability, but the relatively high cost of renting or owning a home is also a financial burden

for many ALICE households. With much

of their income going to housing, ALICE families are often forced to make difficult choices or sacrifices in other areas of their lives.

In all counties in the states included in the United Way *ALICE Project*, housing – whether renting or owning – remains the most expensive budget item for all households except those with two or more children, whose largest expense is child care. Across these states, the cost of housing for a family with two adults and two children outpaces what ALICE households can afford to spend given the housing allocation in the Household Survival Budget.

Homeownership has come to symbolize the American dream – a symbol of financial stability, an investment in one's future, and a commitment to a community. Research suggests that there are many personal and social benefits to owning a home as well, such as improved self-esteem, physical health, and community stature. Yet with the cost of a mortgage and down payment, maintenance, and real estate taxes, owning a home causes hardship for many ALICE families. During the housing crisis of 2007 to 2010, homeownership itself caused many families to become ALICE. In addition, for decades this dream has been particularly elusive for many households of color in the U.S. due to racial and ethnic discrimination in home buying, and more recently due to highly stringent mortgage qualifications (Hurd & Rohwedder, 2010; Desmond, 2016; Federal Reserve Bank of St. Louis, 2012).

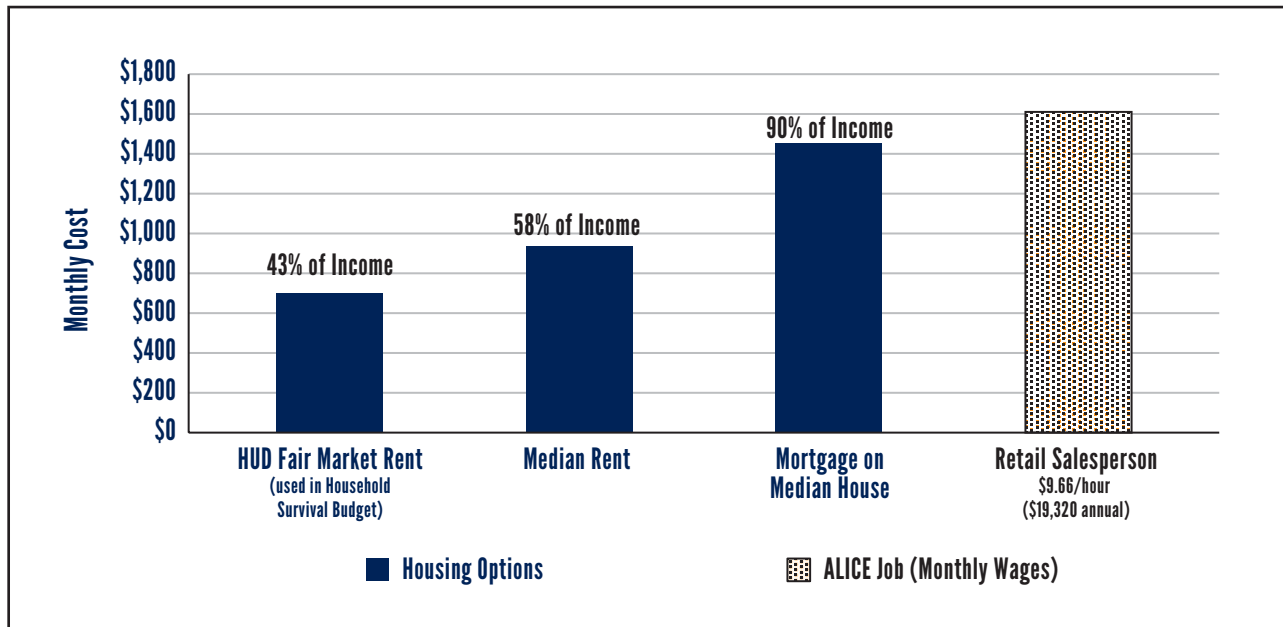
The gap between the cost of housing and what an ALICE worker earns is shown in Figure 3, which compares three different monthly housing options for a family of four to the monthly salary of a full-time employee working in retail sales. This is the most common occupation in the U.S. – more than 8.6 million jobs with an average hourly wage of \$9.66, or \$19,320 annually (if full time, year-round) (Bureau of Labor Statistics, 2014).

STRATEGIES

What do ALICE and poverty-level households do when they cannot afford basic housing?

- 1: Pay More for Housing Than the Family Budget Allows**
- 2: Rent or Buy in Less Desirable Locations**
- 3: Seek Rental Assistance**
- 4: Rent or Buy Substandard Apartments or Homes**
- 5: Borrow at High Rates to Buy a Home**
- 6: Sacrifice a Home to Foreclosure**

This section presents the best research available on the hard choices that struggling families are making every day when they cannot afford adequate housing, and the consequences of those choices. These are not policy recommendations, but information and analysis that can help stakeholders create the most effective solutions for their communities.

Figure 3.**Monthly Housing Costs and Percentage of an ALICE Income, 2014**

Source: U.S. Department of Housing and Urban Development (HUD), 2014a; American Community Survey, 2014; and Bureau of Labor Statistics (BLS), 2014

- The Household Survival Budget for a family of four (two adults and two children under the age of five) uses the cost of a two-bedroom apartment at HUD’s Fair Market Rent (FMR), most commonly the 40th rent percentile. The cost of renting varies greatly across the U.S. A two-bedroom apartment at the 40th rent percentile costs the least in Arkansas, averaging \$561 per month across all counties, and the most in the northern California counties of Marin, San Francisco, and San Mateo at \$1,956 per month. Among the United Way ALICE Project states, the cost is lowest in rural Iowa counties at \$579 per month and highest in Fairfield County, Connecticut at \$1,910 per month. The national average was \$700 per month, as shown in Figure 3 – 43 percent of a retail salesperson’s wages in 2014 (U.S. Department of Housing and Urban Development, 2014a).
- The median rent for a two-bedroom apartment was \$934 per month nationally in 2014 – more than half (58 percent) of a retail salesperson’s wages (U.S. Department of Housing and Urban Development, 2014a).
- The national median monthly cost of a mortgage (not including funds for the down payment) was \$1,454 in 2014 – 90 percent of a retail salesperson’s wages (American Community Survey, 2014).

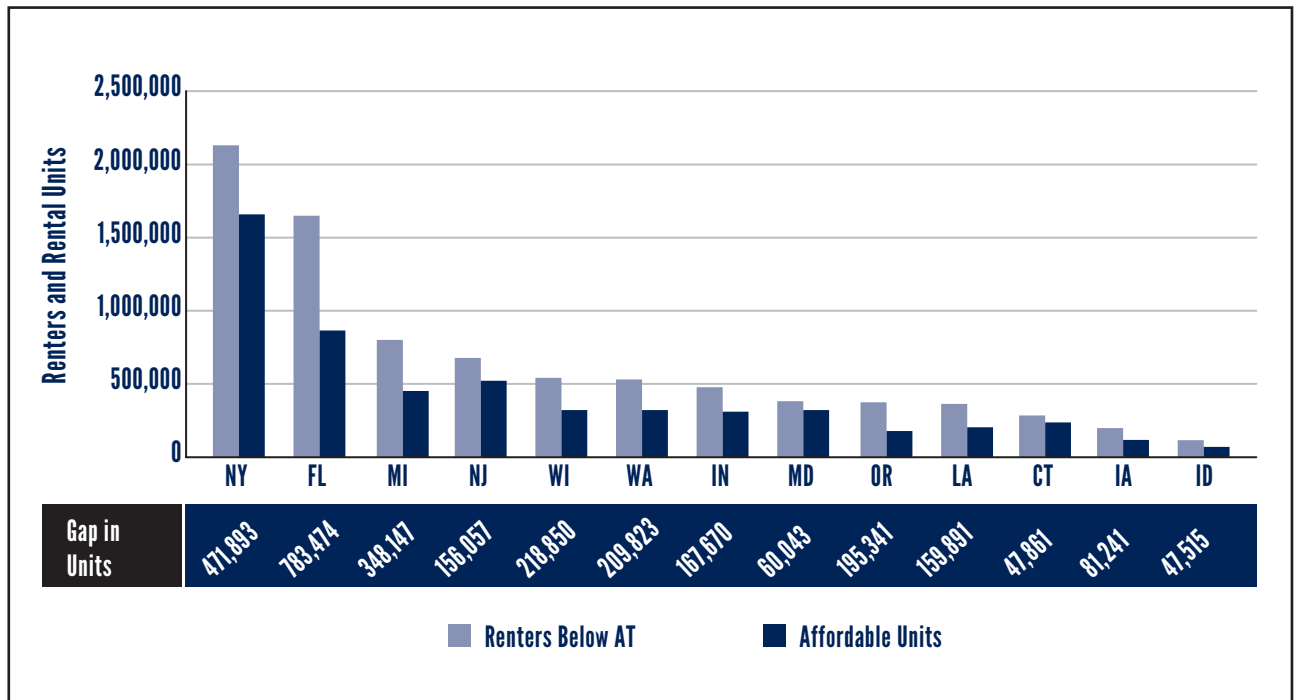
For both owners and renters with income below the ALICE Threshold, the more affordable housing there is in a county, the easier it is for a household to be financially stable. The Affordable Housing Gap indicator – part of the ALICE Economic Viability Dashboard tool – shows the difference in most counties between the total number of available renter and owner units and the number of those units that ALICE and poverty-level households can afford while spending no more than one-third of their income on housing. This indicator includes subsidized units as well as market-rate units that are affordable to these households. The larger the gap, the harder it is for households below the ALICE Threshold to find affordable housing.



Figure 4 shows the 2014 gap for renters in the states that the United Way *ALICE Project* had studied at that point. Analysis of the housing stock by county reveals that across all of these states, the available units do not match current needs. The state of Michigan, for example, would need almost 350,000 additional affordable rental units – and probably more, given the number of households that are housing burdened – in order to meet the existing demand.

Figure 4.

Gap Between Renters Below ALICE Threshold and Number of Affordable Units, 2014



Note: Calculated for all states with 2014 ALICE Reports; Ohio and Virginia not included.
 Source: American Community Survey, 2014; the ALICE Threshold, 2014; and U.S. Department of Housing and Urban Development (HUD), 2014a

Housing is not only a question of shelter; ALICE families know all too well that where one lives matters. Location impacts current and future health, exposure to violence, housing and transportation costs, educational opportunities, and future economic prosperity. One landmark study found that families who were randomly selected to move from a high-poverty neighborhood to a low-poverty area had a range of improved outcomes for years to come. Children in these families were more likely to attend college and less likely to become single parents, and had earnings that were 31 percent higher than those who remained in high-poverty neighborhoods (Chetty, Hendren, & Katz, 2015; Chetty & Hendren, 2015).

Strategy 1: Pay More for Housing Than the Family Budget Allows

When faced with the cost of housing beyond their budget, most ALICE households pay more than they can afford. These families are “housing burdened,” defined as renters paying more than 30 percent of their income on rent or owners paying more than 30 percent of their income on monthly homeowner costs, which include their mortgage. Households with lower incomes are more likely to be housing burdened than those with higher incomes. Nationally, 47 percent of renters spend more than 30 percent of their income on gross rent, and 24 percent spend at least half of their income on rent (Fischer & Sard, 2016; Johnson, 2015; American Community Survey, 2014). Despite wide variation across the country, housing costs consistently outpace wages.

In 2014, the U.S. states with the highest rates of “severely rent burdened” households (at least 50 percent of income going to rent) were California, Florida, and New York, each with 28 percent of households. Wyoming had the lowest rate at 16 percent. Low-income renters such as ALICE families are even more likely to be housing burdened, with rates ranging from 57 percent in South Dakota and Maine to 68 percent in Ohio, to 79 percent in Florida, and to 83 percent in Nevada (Aurand, et al., 2016; American Community Survey, 2014).



Consequences

Less money available for other current needs: Housing burdened families are often forced to skimp on other basic needs such as food, medicine, child care, or heat. These deprivations, as well as the stress they cause, can increase the need for health care, which becomes yet another expense.

Less money devoted to saving for an emergency or making investments for the future, such as higher education or retirement: That lack of savings creates a vicious cycle of financial instability for ALICE families, and increases the risk of higher costs for health care and social services over the longer term (National Low Income Housing Coalition, 2016; Belsky, Goodman, & Drew, 2005).

More evictions and foreclosures: With an increasing number of households spending more than 50 percent of their income on housing, many low-income families become unable to pay their rent or mortgage, leading to evictions and foreclosures. In 2013, across the country, one in eight renters with income below the FPL could not pay all of their rent and thought it was likely they would be evicted. Eviction is costly for landlords, too, averaging \$1,698 per eviction in 2014 (including maintenance



fees, lost rent, court costs, filing costs, and judgment costs) (Desmond, 2015; TransUnion, 2015). The costs and consequences of foreclosure are discussed later in this section.

Strategy 2: Rent or Buy in Less Desirable Locations

Because housing costs are linked to location, ALICE households are often forced to find lower-cost housing in less desirable areas located far from their jobs. While these areas have lower costs, they typically have considerable downsides, such as high crime rates, run-down infrastructure, or little to no public transportation. They are also often located far from full-service grocery stores, public services, and other necessities.



Consequences

Unsafe neighborhoods: Neighborhoods with a concentration of ALICE and poverty-level households often have the highest rates of crime. Property and violent crime are both concentrated in poor communities, even more so now than they were in the 1970s. Households with income below the FPL are victimized at more than double the rate of high-income households (those above 400 percent of the FPL); those that earn between 100 and 200 percent of the FPL (\$19,790 for a family of three in 2014) are victimized at a rate more than one-third higher than high-income households (Harrell, Langton, Berzofsky, & Couzens, 2014; Levitt, 1999; Harris & Kearney, 2014).

The consequences for victims of these crimes, as well as for those living in neighborhoods with high rates of crime, are severe, compromising earning potential and physical and mental health. Individuals who view their neighborhoods as unsafe, for example, are much more likely to suffer from depression and substance abuse, which in turn are risk factors for cardiovascular disease and other serious illnesses. The consequences are even more severe for children growing up in these environments, who suffer from higher rates of behavioral disorders and lower rates of school attendance and academic achievement (Curry, Latkin, & Davey-Rothwell, 2008; Hanson, Sawyer, Begle, & Hubel, April 2010; Galster, March 2014).

Increased transportation costs: Many lower-cost housing units are located far from jobs and services. ALICE families in these units may save money on rent, but their transportation costs increase. The Joint Center for Housing Studies estimates that low-income households that spend 30 percent or less of their income on housing (presumably because they live in less expensive areas) spend an average of \$100 more per month on transportation than those that allocate over half their income to housing. Conversely, people who live in location-efficient neighborhoods – compact, mixed-use, and with convenient access to jobs, services, transit, and amenities – have lower transportation costs than those who don't. This holds for metro areas of large cities, suburbs, and rural areas across the country (Galoustian, 2016; Tu, 2015; Rice, 2004; Belsky, Goodman, & Drew, 2005; Joint Center for Housing Studies of Harvard University, 2016; Roberto & Puentes, 2008; Center for Neighborhood Technology, 2016).

Longer commutes: Because 95 percent of workers do not have access to public transportation, most workers drive an automobile to get to work. While the average American's commute is under 30 minutes, more than 10 million Americans have a commute of at least an hour each way, with 600,000 adults commuting more than 1.5 hours each way. One analysis estimates that across the country's 50 largest metro areas, travel time alone (without even including travel expenses) costs workers \$107 billion per year (Bliss, 2016; Taylor, 2014; Bureau of Transportation Statistics, 2015).

No mother ever envisions finding herself in a shelter. But that's where Lisa, of Broward County, Florida, ended up with her two daughters when her fiancé, with whom she was living, died suddenly. Though she has a job that she loves – as an administrative assistant for a construction firm – Lisa was unable to pay the rent and other bills like child care. She soon found herself and her girls living first out of her car, and then in a shelter. With the help of the shelter, her family eventually moved into a small apartment, which is clean, but not in what she feels is a safe neighborhood. She works hard every day, but it's still not enough to afford a home where her family can feel safe. “We need lower-priced housing so my children can go outside and just play safely, without fear,” she says.



The longer commute takes a toll on workers. Beyond the direct financial costs to households, long commutes contribute to physical and behavioral health problems.

According to the Gallup-Healthways Well-Being Index, adults traveling more than 90 minutes each way are 33 percent more likely to have recurrent neck pain, obesity, and high cholesterol than those with the shortest commutes. Psychologically, they are more likely to be worried and less likely to be rested, and they score lower on subjective measures of well-being (Stutzer & Frey, 2004; Crabtree, 2010).

Unforeseen travel delays, along with the physical and psychological tolls of commuting, also lead to missed work, tardiness, and reduced productivity. In fact, Harvard researchers found that, on average, absenteeism would be about 15 to 20 percent lower if all workers had a negligible commute. For hourly-wage workers, arriving late or missing work days can reduce income, causing additional problems for the family (Bashir & Ramay, 2010; van Ommeren & Gutierrez-i-Puigarnau, 2011).

Strategy 3: Seek Rental Assistance

Approximately 4.8 million households – about 4 percent of all U.S. households – receive assistance geared toward either homeowners or renters from the U.S. Department of Housing and Urban Development. Yet many more need assistance; only one-quarter of households eligible for federal rental housing assistance actually receive it. There are 4,058 housing authorities across the country providing subsidized rentals, and 1,671 of those authorities have waiting lists. A 2012 survey reported that 2.8 million families nationwide were on waiting lists for Housing Choice Vouchers (HCV, formerly known as Section 8 – federally subsidized housing for very low-income families, the elderly, and the disabled), and more than 1.6 million were on

public housing waiting lists. Many more need housing assistance but could not apply because 48 percent of HCV waiting lists and 6 percent of public housing waiting lists were closed to new applicants. For example, Washington, D.C. had more than 41,000 households on the waiting list just for their Housing Choice Voucher Program as of May 2015, and the list had been closed since 2013. In New York City, more than 400,000 households are waiting (National Low Income Housing Coalition (NLIHC), 2004; National Low Income Housing Coalition (NLIHC), 2012; Center on Budget and Policy Priorities (CBPP), 2016; PAHRC, 2015; Affordable Housing Online, 2017; New York City Housing Authority, 2016).



Consequences

Forgoing work: Because of eligibility cutoffs, ALICE and poverty-level families can lose their housing assistance if they get a better job, work more hours, or receive a raise that pushes their income above the cutoff. Some families make the difficult choice to forgo work or higher-paying jobs for fear of losing housing assistance, which is so hard to obtain in the first place. Some worry that if the family's earnings would later decline, they would not automatically regain such assistance, and might have a long wait to receive assistance again (Shapiro, Greenstein, Trisi, & DaSilva, 2016).

Less desirable neighborhoods: Public housing is often located in distressed, under-resourced neighborhoods with higher crime rates, less public transportation, and lower-quality schools. Living in these neighborhoods impacts not only day-to-day well-being, but also long-term outcomes for education achievement and job success. Housing Choice Vouchers allow families to choose the location of their rental unit. However, several factors limit neighborhood choices – including tight market conditions, racial and ethnic discrimination, the lack of moderately priced rental housing, and landlords who are unwilling to accept voucher payments (Chetty, Hendren, & Katz, 2015; Chetty & Hendren, 2015; U.S. Department of Housing and Urban Development (HUD), 2016; Luna & Leopold, 2013; Turner M., 2003).

Strategy 4: Rent or Buy Substandard Apartments or Homes

Because housing costs are frequently linked to quality, ALICE households are often forced to choose homes that are in substandard condition. Substandard housing presents a variety of health and safety risks stemming from malfunctioning or absent heating, ventilation, and air conditioning systems; sub-par plumbing and leaks; and exposure to vermin, lead, mold, and other toxins.



Consequences

Maintenance costs: Poor-quality or older housing requires additional costs for upkeep and adds safety risks for do-it-yourself repairs. A costly repair can threaten the financial stability of an ALICE household. Or, if the repairs are not made, families may face the risks of living in an unsafe environment. These potential risks and injuries can, in turn, increase their costs for health care services. Home maintenance is a major issue for homeowners but can also be a problem for renters, depending on how promptly landlords make needed repairs (Joint Center for Housing Studies of Harvard University, 2014).

Physical and behavioral health risks: Living in substandard units affects the health and well-being of residents. The risks include injuries, asthma, infections, and exposure to toxins such as lead. An estimated 500,000 children under the age of six in the U.S. have lead levels that are high enough to affect long-term cognitive and behavioral development. Substandard housing is also more likely to be located in neighborhoods that have more violence, lower air quality, and poorer design features (such as a lack of green and recreational spaces) than higher-income areas (Krieger & Higgins, 2002; World Health Organization, 2010; Centers for Disease Control and Prevention (CDC), 2017).

Long-term effects on health and well-being: Strong evidence suggests that residential instability and substandard housing impact the mental and physical health of adults and children now and for years to come. A six-year, three-city study of 2,400 children, teens, and young adults found that poor housing quality increased their risk of mental health issues, such as anxiety and depression. The study also found that the stress of living in substandard housing resulted in lower academic achievement, impacting education and employment options down the road (Coley, Leventhal, Lynch, & Kull, 2013). Adults experience similar physical and behavioral health issues, which in turn can reduce their work attendance, productivity, and income.

Strategy 5: Borrow at High Rates to Buy a Home

In some locations, homeownership would be less expensive than renting, and would offer a way for a family to build equity. However, many potential ALICE homeowners do not qualify for competitive financing rates or do not have savings for a down payment. Nationally, the two most common reasons renters cite for renting rather than owning a home are that they don't think they can afford the down payment (50 percent of respondents) or they don't believe that they will qualify for a mortgage (31 percent), according to the Federal Reserve's 2014 Survey of Household Economics and Decisionmaking (Federal Reserve, 2015).



Consequences

Higher costs, lower returns: Studies suggest that for many low-income families, homeownership may not be an effective means to accumulate wealth. Because low-income Americans often do not qualify for standard mortgages, the cost and terms of borrowing and the full costs of ownership, including real estate taxes and maintenance, are prohibitive. In addition, one of the main tax benefits of homeownership, the mortgage tax deduction, is negligible for low-income households, and is often less than the standard deduction. Chances to recoup these costs through appreciation are lower



for less expensive homes, especially in the past decade, because these units have generally not increased enough in value to offset the costs. In addition, because low-income households are more likely to move frequently, the high transaction costs of buying and selling a house are spread over a shorter time period (Riley, Ru, & Feng, 2013; Bucks & Pence, 2008; Boehm & Schlottman, 2004; Shlay, 2006; Turner & Smith, February 2009).

Higher-risk debt: With the tightening of mortgage regulations since the Recession, those who do not qualify for traditional mortgages have looked for alternatives, leading to an increased use of “contract for deed” or “rent-to-own” mortgages that charge higher interest rates and have less favorable terms for borrowers. The need for such services is reflected in the growth of these industries nationally (Anderson & Jaggia, 2008; Edelman, Zonta, & Gordon, 2015; Kusisto, 2015). In each of these financing scenarios, the combination of a lower income and significantly worse financial terms puts borrowers at a far higher risk of foreclosure (Mayer & Pence, 2008).

Strategy 6: Sacrifice a Home to Foreclosure

Before the Great Recession, most subprime mortgages, with their higher interest rates, were sold to low-income households. Since the Recession, tens of thousands of households have been foreclosed on every month. The pace of foreclosures has slowed to its lowest rate since 2000, yet approximately 40,000 homes in the U.S. were foreclosed on in April 2015. Households of color, which are more likely to be ALICE households, are also more likely to receive subprime loans, even compared to White households with similar incomes and credit scores. Households of color are also more likely to be foreclosed on. From 2007 to 2009, 7.9 percent of Black homeowners and 7.7 percent of Hispanic homeowners were foreclosed on, compared to 4.5 percent of White homeowners (Merle, 2010; CoreLogic, 2015; Riquier, 2016).

Consequences



Longer-term financial instability: When ALICE families have a home foreclosed on, they not only lose a stable place to live and their primary asset, but their credit rating drops. This creates barriers to future home purchases and even rentals, especially for low-income families. With few or no other assets for a down payment or security deposit and a low credit rating, ALICE households recovering from foreclosure often have difficulty finding new housing (Frame, 2010; Kingsley, Smith, & Price, 2009; Yellen, October 17, 2014; Casas del Pueblo Community Land Trust, October 2013).

Homelessness: Ultimately, if an ALICE household cannot afford their home or it becomes too unsafe to live in, they can become homeless. In the U.S. in 2014, there were 578,424 homeless people on a single night, a rate of approximately 18.3 homeless people for every 10,000 individuals. This was the lowest number since the federal government began mandating counts in 2007, and it also includes a decline in most homeless subpopulations. From 2013 to 2014, the number of homeless families decreased by 4.9 percent, and the number of homeless veterans decreased by 10.5 percent (National Alliance to End Homelessness, 2015; National Coalition for the Homeless, 2009).

Homelessness poses extraordinary challenges for ALICE families, starting a downward spiral of bad credit and destabilization. When homeless families move in with relatives or use shelter services, it becomes difficult to maintain a stable work, school, and family life. For example, residency requirements, guardianship requirements, delays in transfer of school records, and lack of immunization records often prevent homeless children from enrolling in school. Homeless children and youth who are able to enroll still face barriers to regular attendance, such as lack of transportation. According to the U.S. Department of Education, 87 percent of homeless youth are enrolled in school, but only 77 percent attend school regularly (National Coalition for the Homeless, 2007). When a homeless family moves in with relatives, a prolonged stay can threaten the stability of another household. Yet the number of people in poor households living doubled up with family and

friends grew to 7.7 million people from 2012 to 2013 – an increase of 3.7 percent – with 39 states seeing increases (National Alliance to End Homelessness, 2015; Trella & Hilton, 2014).

BROADER COSTS OF UNAFFORDABLE HOUSING

When ALICE households pay too much for housing or make other choices that compromise their living situation or financial stability, communities feel the impact both economically and socially:

- **The local economy suffers** because families have less to spend on other goods and services in the community. They may also not have enough resources to maintain their homes, which impacts entire neighborhoods.
- **The health problems caused by poor-quality housing, living in unsafe neighborhoods, or long commutes raise health care and**



There were not enough sweaters and blankets to keep Shannon Benjamin and her family warm in their trailer home. “It was like a tin box, with no insulation,” she says. She and her now ex-husband had run out of money to pay for propane, and Shannon and her two young children had pneumonia. “I had fears when I went to bed that they wouldn’t be breathing in the morning,” says Shannon. It was the tipping point, when she decided to call Michigan 211, an emergency hotline. Up until then, Shannon had tried hard to make it without help. She was going to college, working two part-time jobs – as a housekeeper for a hotel and a receptionist at an insurance company – and taking care of her children. But in a stroke of bad luck, she was laid off from both her jobs due to cutbacks. Her husband was only working part-time, and the bills started piling up. “I’d been raised to pull myself up by my bootstraps and not ask for help, but I finally asked,” she says. Her relationship with her husband had become strained and he didn’t want to accept help from others, so she took her kids to her parents’ home temporarily. United Way helped make a job connection for Shannon (she now works for the 211 call center that helped her), and though she had to suspend her college, she was able to start over, once back on her feet. “I’ve been at the end of the tunnel, thinking there’s no way out, but there is,” she says.

coverage costs for all. If ALICE families cannot afford health care expenses, those costs are often absorbed by insurers – who distribute them across plan members – as well as by taxpayers to cover the cost of Medicaid services and hospitals that incur the costs of uncompensated care (Belsky, Goodman, & Drew, 2005; Joint Center for Housing Studies of Harvard University, 2016; American Hospital Association, December 2016).

- **Exposure to toxins like lead causes direct and indirect costs to the community.** In children, such exposure can cause neurobehavioral conditions that require extensive health care services, social services, and educational support, limiting their future potential, and it imposes economic costs on family members who become caregivers. Overall, **toxic chemical exposures cost the U.S. more than \$340 billion annually** due to health care costs, developmental problems, and lost wages, according to a 2016 study (Ellen & Glied, Spring 2015; Maqbool, Viveiros, & Ault, April 2015; Attina, et al., December 2016).
- **When affordable housing is located far from jobs, it creates more traffic,** which adds costs for all commuters including wear-and-tear on roads, increased maintenance costs, and an increased likelihood of accidents and delays.
- **When long commutes reduce worker productivity, co-workers and customers can suffer.** Long commutes can also reduce new hire retention and performance. Together these impact the business bottom line and state economic competitiveness (van Ommeren & Gutierrez-i-Puigarnau, 2011; Belsky, Goodman, & Drew, 2005; Sullivan, 2015; National Economic Council and the President’s Council of Economic Advisers, July 2014).
- **As families move farther away from urban centers, the resulting suburban development requires costly additional infrastructure and services** such as roads, public transit, and sewage. Looking just at transportation costs, development on the fringes of cities over a 15-year period costs nearly





twice as much as redevelopment of inner-city transportation. It is estimated that urban sprawl costs the U.S. economy more than \$1 trillion per year (Global Commission on the Economy and Climate, 2015; Trubka, Newman, & Bilsborough, 2010).

- **Run-down housing affects neighborhoods.** Housing units that have not been maintained add safety risks and detract from the appearance of public spaces like sidewalks and streets.
- **Homes in foreclosure impose costs on neighborhoods and local government agencies,** reducing property values for neighbors and increasing costs for the community. On average, neighbors of foreclosed-on homes lost 9 percent of their home value from 2007 to 2012, and neighbors of foreclosures in neighborhoods of color lost 16 percent of their home value. In addition, one foreclosure can impose up to \$34,000 in direct costs on local government agencies, including the costs of inspections, court actions, police and fire department efforts, potential demolition, unpaid water and sewage, and trash removal. Foreclosures are also bad for many local banks, as both lenders and investors lose money on them (Apgar, Duda, & Gorey, 2005; Center for Responsible Lending, 2013; Frame, 2010; Immergluck & Smith, 2006).
- **Communities bear the cost of caring for homeless families.** The costs of homelessness go far beyond the immediate costs of emergency shelter systems, since homeless households are more likely to interact with the criminal justice system, utilize inpatient and outpatient psychiatric facilities, and use the emergency room and inpatient hospital services. The National Alliance to End Homelessness estimates that the cost of public services for the homeless ranges from \$19,000 per year for one person in Denver, Colorado to over \$40,000 per year in New York. In fact, New York City, with the nation's largest sheltered homeless population, spent \$1.3 billion on services to the homeless between July 2015 and June 2016 (National Alliance to End Homelessness, 2010; New York City Department of Homeless Services, 2016).

These costs are much greater than the cost of preventing homelessness. Recent studies show that the public cost of housing a homeless person is at least four times less than providing homeless services, with even more savings for those with severe physical or mental health issues (Flaming, Matsunaga, & Burns, 2009; Kuehn, July 4, 2012; Rosenheck, 2000).

FUTURE TRENDS: HOUSING FOR ALICE FAMILIES

The cost of housing will continue to increase, adding pressure to the Household Survival Budget. Forecasts show that the pressure on affordable rental markets will continue, with 5 to 6 million new renter households by 2023 (Bipartisan Policy Commission, 2013). A recent analysis from Harvard's Joint Center for Housing Studies projects that the housing burden for low- and middle-income households will become significantly worse over the next 10 years. Households that are severely rent burdened will grow by at least 11 percent, to 13.1 million in 2025. Because of changing demographics, even if growth in incomes begins to outpace the rising cost of rent, the proportion of severely rent burdened households will remain at or near record levels (Joint Center for Housing Studies of Harvard University, 2016).

Geography, economics, and, in some places, zoning laws limit the potential for new small or low-cost units to be built in economically prosperous areas. For this reason, long-distance commuting will be part of life for more ALICE families in the coming years, as a lack of affordable housing pushes workers away from employment centers (Hasse, Reiser, & Pichacz, 2011; Prevost, 2013).

Availability of substandard units will shift as many of these units are vulnerable to disasters and to redevelopment. Rental housing units – especially those that are older or in poor condition – are particularly vulnerable to being damaged or destroyed by hurricanes and other natural disasters. With more extreme weather, more units will be affected and many ALICE families will not be able to fully repair them. Older units are also more likely to be torn down: Nationally, 5.6 percent of the rental stock was demolished between 2001 and 2011, but the loss of units with rent under \$400 per month (i.e., those most affordable for ALICE households) was more than twice as high, at 12.8 percent (Joint Center for Housing Studies, 2013). The loss of these units, as inexpensive and unsafe as they may be, puts additional pressure on the remaining rental stock, increasing costs for all renters (Joint Center for Housing Studies of Harvard University, 2016).

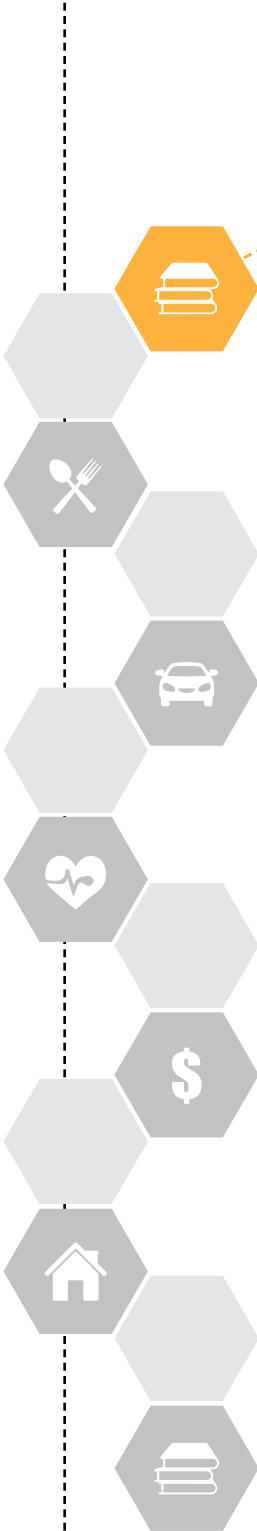
Millennials and seniors will drive demand for more lower-cost homes and rental units. Young workers are delaying buying their own homes, choosing to rent smaller units instead. At the same time, with the population aging, more seniors are downsizing their homes and moving to smaller units or eldercare. Seniors and millennials prefer smaller, affordable rental units that are close to public transportation and community amenities such as restaurants, health care, and other services. Both of these trends increase demand for lower-cost homes and rental units, adding pressure to the cost of units that in most communities are in short supply (U.S. Department of Transportation, 2015; Garcia & Deitz, 2007).

Homelessness has declined nationally since counts were mandated in 2007. This is especially true for veterans: Homelessness among veterans decreased by 47 percent from 2010 to 2016, and 32 states or cities across the country have ended veteran homelessness entirely. Among nonveterans, homelessness has decreased in most places for both single adults and families with children (U.S. Department of Veteran Affairs, 2016; U.S. Department of Housing and Urban Development (HUD), 2015). That said, with nearly 600,000 individuals homeless on a given night, it is still a pressing issue. While efforts at the federal level have slowed, communities across the country continue to invest in strategies that alleviate homelessness among all groups.





CHILD CARE AND EDUCATION



A quality education is still one of the best predictors of professional and financial success in the U.S., and one of the few ways ALICE families can get ahead in the long run. For many children, especially those whose parents need to work, that path begins with quality, affordable child care (early care for infants to 3-year-olds and preschool for 3- to 5-year-olds). Quality care builds kindergarten readiness and supports the vast brain development that occurs by age 5. The path then continues through strong K–12 public schools and affordable higher education.

Yet ALICE families across the country are challenged to find affordable, high-quality child care and education for their children, from infant care through higher education. These challenges include variable quality among local child care options, high fees for child care, the achievement gap for economically disadvantaged groups and populations of color in public schools, and the often prohibitive cost of college.

In all counties in the states included in the United Way ALICE Project, child care remains the most expensive budget item for households with two or more young children. The gap between the cost of child care and what an ALICE worker earns is shown in Figure 5, which compares the 2014 cost of child care for an infant and a 4-year-old to the monthly salary of a full-time child care worker whose average hourly wage was \$10.44 (or \$20,880 annually if full time, year-round) (Bureau of Labor Statistics, 2014).

STRATEGIES

What do ALICE and poverty-level families do when they cannot afford child care or quality education?

Child Care and Early Education:

- 1: Choose Less Expensive Child Care Options
- 2: Pay More for Care Than the Family Budget Allows
- 3: Access Child Care Assistance
- 4: Live in a District with Publicly Funded Preschool
- 5: Go Without Child Care
- 6: Modify Work Schedules

K–12 Education:

- 7: Move to a Better Performing School or District
- 8: Drop out of High School

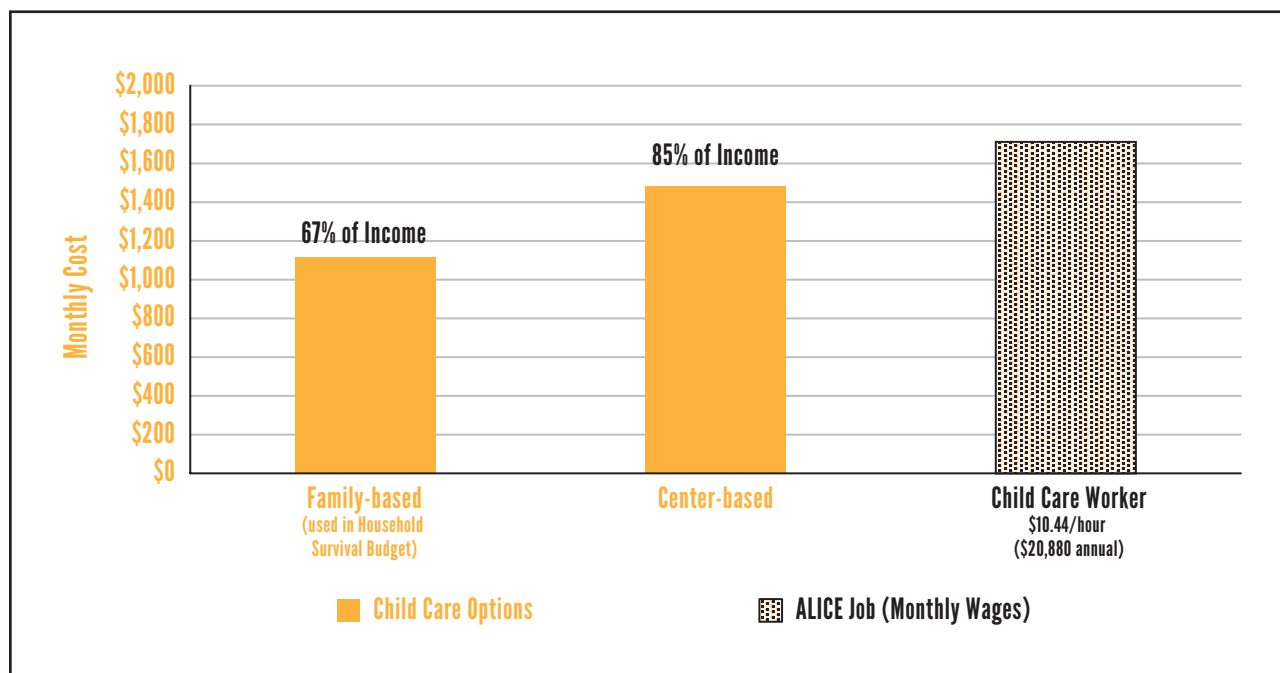
Higher Education:

- 9: Forgo or Don't Complete College
- 10: Take on Student Loan Debt

This section presents the best research available on the hard choices that struggling parents are making every day in order to provide child care and education for their children, and the consequences of those choices. These are not policy recommendations, but information and analysis that can help stakeholders create the most effective solutions for their communities.

Figure 5.

Monthly Child Care Costs and Percentage of an ALICE Income, 2014



Source: Child Care Aware of America, 2015; and Bureau of Labor Statistics (BLS), 2014

- The Household Survival Budget for a family uses the cost of family-based child care for an infant (\$612 per month) and a 4-year-old (\$561 per month). While costs vary across the country, the national average cost was \$1,173 per month in 2014 – 67 percent of a child care worker’s wages (Bureau of Labor Statistics, 2014; Child Care Aware of America, 2015).
- The national average cost of a licensed child care center was even higher, at \$826 per month for an infant and \$662 for a 4-year-old. The total of \$1,488 per month is used in the **ALICE Household Stability Budget**, which reaches beyond the Survival Budget to estimate family expenses at a sustainable level. The cost of licensed child care would consume 85 percent of a child care worker’s wages (Child Care Aware of America, 2015).

Research clearly and consistently shows that one of the most important determinants of successful education outcomes is family income. **As this report highlights, challenges in one area of a family’s budget have consequences in other areas. Nowhere is this more apparent than in child development, which requires safe housing; reliable transportation; nutritious food; and quality child care, education, and health care.** When there is not enough income to provide these essentials, children’s educational achievement is affected.

Educational achievement has long-term consequences for earning potential, economic prosperity, and community engagement. One of the most important consequences of families being unable to afford quality child care and early education is that many children enter kindergarten behind and cannot catch up. That lag has implications for grade advancement, graduation rates, college attendance and graduation, career potential, and lifetime earnings. And all of these factors have profound impacts not just on children and families, but on the overall economic productivity of a town, county, or state.



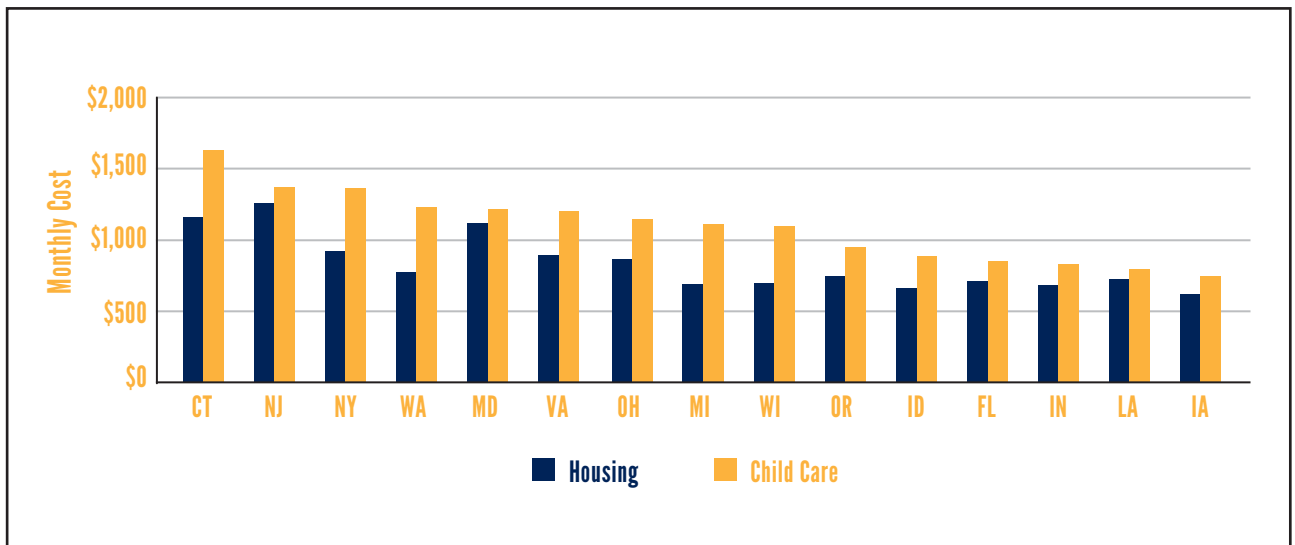
CHILD CARE AND EARLY EDUCATION

Quality early learning experiences are critical to the cognitive and language development of young children, allowing them to gain pre-academic skills needed for success in kindergarten and beyond. **With more than 65 percent of children under age six living in families where all available parents are working, having access to quality, affordable child care is essential.** Early care and education enables parents to work, which enhances a family’s current and future earning potential. Yet ALICE families in search of quality child care often encounter barriers of cost, access, and scheduling (Li, Farkas, Duncan, Burchinal, & Vandell, 2013; Côté, et al., 2013; Annie E. Casey Foundation, 2016).

For many ALICE families, quality child care and early education remain out of reach. In fact, **the cost of two children in family-based child care is more expensive than housing in every state in the United Way ALICE Project** (Figure 6). The cost of a licensed child care center is even higher.

Figure 6.

Cost of Housing vs. Child Care, Household Survival Budget, 2014



Source: U.S. Department of Housing and Urban Development (HUD), 2014a; and state child care agencies, 2014

Strategy 1: Choose Less Expensive Child Care Options

The majority of young children in the U.S. are not in organized, quality child care arrangements. In 2015, 11 million children under age five spent an average of more than 36 hours per week in child care, but only 10 percent of these arrangements met the quality requirements that produce positive outcomes (Child Care Aware of America, 2015). The U.S. Census reports that nationally in 2011, only 24 percent of young children were in an organized care facility (including licensed and accredited early care centers and preschools). Forty-two percent were being taken care of by a relative, 11 percent were in another nonrelative care arrangement (care by a babysitter, friend, or neighbor, or in a family daycare setting), and 25 percent had no regular child care arrangement. Since the mid-1980s, the biggest changes in child care arrangements for working parents have been the decline in nonrelative care (falling from 28 percent to 13 percent in 2011) and the increased use of day care centers (from 14 to 20 percent by 2011) and father care (from 15 percent to 20 percent) (Laughlin, 2013).

The cost of child care is a major challenge for ALICE families. Formal child care options like facility-based care are considerably more expensive than home-based care. In every state, the average cost of a licensed



and accredited child care center for an infant is far higher than the cost of registered home-based care – as much as 82 percent higher in Minnesota. In 2014, the average monthly cost of center-based care for an infant nationwide was \$826; national costs ranged from \$402 in Mississippi to \$1,422 in Massachusetts, and in states with ALICE Reports, they ranged from \$479 in Louisiana to \$1,179 in New York. Costs were often higher in facilities that met the highest standards of accreditation. Nationally, one year of center-based care for an infant costs more than a full year of in-state tuition and fees (without room and board) at public, four-year colleges in 28 states and the District of Columbia. Cost also varies depending on whether people live in rural or urban areas; the cost of child care in urban areas is 22 percent higher on average than in rural areas (Child Care Aware of America, 2015; Child Care Aware of America, 2016).

ALICE families who cannot afford more highly regulated child care programs may opt for less expensive options, including registered home-based care. The average cost of registered home-based child care for an infant in the U.S. is \$569 per month, but costs vary greatly among states, ranging from \$331 in Mississippi to \$889 in Massachusetts. For a 4-year-old, the cost of registered home-based care ranges from \$306 per month in Mississippi to \$836 per month in Alaska (Child Care Aware of America, 2015; American Community Survey, 2014).

Some ALICE parents also have trouble finding licensed child care in their area. “Child care deserts,” or areas with shortages of licensed child care options, are more likely to be located in low-income or rural areas. In rural areas, the long travel time to work, lack of public transportation, and increased irregularity of work schedules make conveniently located child care even harder to find (Malik, Hamm, Adamu, & Morrissey, 2016).



Consequences

Less academic preparation: Home-based care is more available in general and especially in rural areas, where there are fewer child care facilities. Home-based care is the right fit for some ALICE families, and many family child care providers offer high quality care. Overall, however, center-

based child care has been shown to offer higher quality academic preparation than informal settings, equipping children with higher levels of math and reading skills as they enter kindergarten (Bassok, Fitzpatrick, Greenberg, & Loeb, September/October 2016; Forry, et al., 2012).

Delays in intellectual and social development: Quality care and a supportive educational environment are critical to the overall development of a child. A growing body of research has shown that high-quality early care and preschool is especially beneficial to children from low-income families, who tend to enter kindergarten 12 to 14 months behind their classmates in pre-literacy and language skills. Children who attend high-quality preschool are more likely to have kindergarten readiness skills and less likely to repeat grades and use special education services. They are more likely to graduate high school, succeed in college, and thrive in their careers. Society also benefits when children attend high-quality preschool: Each \$1 spent on early learning brings an estimated \$8.60 in returns to society, with half of that return generated by higher income (U.S. Department of Education, 2015).

Staffing disparities: Staffing is crucial to quality child care programs; less expensive care options tend to have less experienced and well-trained staff. Care settings with more staff who are highly trained and better compensated can offer higher-quality activities, more responsiveness, and more stimulating, supportive care (U.S. Department of Education, 2015; U.S. Department of Health and Human Services, 2000).

Health and safety risks: Higher-quality settings are likely to have better health and safety practices. Formal child care centers (including child care facilities, Head Start programs, and pre-kindergarten programs) are usually licensed and many are accredited by state or nonprofit early childhood organizations, though requirements vary by state (Child Care Aware of America, 2016). Children in highly accredited facilities tend to have fewer respiratory and other infections and fewer playground injuries than children in other organized care settings. In fact, safety experts estimate that up to 90 percent of injuries sustained at child care facilities could have been prevented through better safety awareness and prevention (Advisen, 2015; Sundby, 2016; U.S. Department of Health and Human Services, 2000).

Strategy 2: Pay More for Care Than the Family Budget Allows

One option some ALICE families choose is to pay more of their budget for child care than they can afford. The U.S. Department of Health and Human Services sets the affordability guideline for household spending on child care at 10 percent of household income. Yet in the ALICE Household Survival Budget for a family with two children, the cost of child care equals approximately 25 percent of the family's budget. And beyond the cost of quality early education, there are additional expenses including care before and after child care center hours and transportation to and from child care (U.S. Department of Health and Human Services, 2013).

Consequences

No money for other necessities: When more money is devoted to child care, there is less available for other necessities. For example, some ALICE families make a trade-off by living in substandard housing, which can pose health risks to both children and adults, in turn raising health care costs for both families and communities. In addition, when stability is compromised in areas such as food or housing, children's school performance often suffers and parents' ability to support them decreases, with broad and often long-term economic consequences (Child Care Aware of America, 2016; Gould & Cooke, 2015).

Having a child with special needs has been a challenge, emotionally and financially, for Jessica, a single working mother from Martinsville, New Jersey. Her 11-year-old son, who has autism, receives health insurance through the Children's Health Insurance Program, but she often has difficulty finding him affordable special needs programs for after school, school vacations, and the summer. "My mom helps me by watching him after school so I can work," says Jessica, who works full time in an office. But summers are difficult, when there are five weeks where he's not in programs. "I just have to go without pay or hope that my mom can handle him for some of the time," she says. Making too much to qualify for government assistance, she and her son live paycheck to paycheck. "That's a little scary to think that if I got sick or wasn't able to work for awhile, I don't know what I would do," Jessica says. The only money she can save is her tax refund at the end of the year. She adds, "I just plan to put that away for my son."

Photo courtesy of United Way



Lack of savings: ALICE families who overpay for child care are often not able to save for their child's future – for higher education, or an unforeseen emergency. Without savings, the family risks both further instability and higher costs in health care and social services over the longer term (Child Care Aware of America, 2013).

Increased debt: ALICE families with access to credit may borrow to get through this expensive period, making the calculation that it is worth it for a parent to stay in the workforce and that future earnings will be sufficient to pay off debt. Yet job circumstances often change, one parent may face unemployment or a job with lower wages, or borrowing may take the form of a high-rate credit card or alternative financial product. In these situations, families can find themselves unable to cover both current household expenses and newly incurred debt (Adams & Hamdi, 2015; Traub & Ruetschlin, 2012; El Issa, 2015).

Strategy 3: Access Child Care Assistance

Many states and local communities have programs to make child care more affordable, including subsidies and vouchers. Programs differ by state and community, and some local areas have additional nonprofit assistance. Eligibility varies based on income, family size, and type and cost of care. Access to child care assistance is often provided on the condition that a parent is working, looking for employment, or in school full time. In most states, families are required to pay for a portion of their child care costs. The eligibility level for assistance in most states is approximately 200 percent of the FPL, though in some states it may be as high as 250 percent. At these levels, many ALICE families do not qualify for assistance, but they still struggle to afford quality early care and education (Schulman & Blank, 2014).



Consequences

The benefit “cliff”: Parents juggling their roles as caregivers and income earners balance their resources from wages, government assistance, and support from social networks such as family, friends, and local service providers. Earning above a certain level can cause some ALICE families to lose child care benefits (the “cliff” effect). In many cases, parents have to choose not to work extra hours at their job, not to take a raise, or not to accept a job offer in order to remain eligible for their child care subsidy (The Indiana Institute for Working Families, 2012; East & Roll, 2010; Randolph, 2014).

Strategy 4: Live in a District With Publicly Funded Preschool

Public preschools provide great savings to ALICE and poverty-level families. Between 2014 and 2015, 42 states and the District of Columbia offered state-funded preschool programs that collectively served almost 1.4 million children nationwide. These programs allowed 5 percent of 3-year-olds and 29 percent of 4-year-olds to benefit from state-funded preschool, a significant increase from 14 percent of 4-year-olds in 2002. In addition, federally funded Head Start programs brought the national public pre-K enrollment rate to 41 percent of 4-year-olds and 16 percent of 3-year-olds (National Institute for Early Education Research, 2015; Reardon & Portilla, 2015). State-funded pre-K programs have been found to improve learning, especially for economically disadvantaged children (The Pre-Kindergarten Task Force, 2017).



Consequences

Persistent gaps in care: State-funded preschool enables many children in low-income families to attend preschool who otherwise would not have access. However, most publicly funded preschool programs do not offer wraparound care (before and after school hours) or summer care. ALICE families who work from 9 a.m. to 5 p.m. year-round need care from 8 a.m. to 6 p.m. (and often longer) during the school year and over the summer. Some preschools offer wraparound care for an added fee; many do not offer any programming during the summer. So while families may save costs overall by using public preschools, they often still have to pay for wraparound and summer care or patch together plans for those time periods that rely on uncertified caregivers, such as family, friends, or in-home providers. During the school year, they also have to work out transportation between those additional care sites and their preschool (The Pre-Kindergarten Task Force, 2017).

Inconsistent program availability: Finding publicly funded preschools is often difficult, as they still only serve a small percentage of the population. Enrollment of 3- and 4-year-olds in state-funded preschools has grown by only one percentage point since 2010, despite an overall spending increase to over \$6.2 billion nationwide in 2014 (National Institute for Early Education Research, 2015).



The slow progress in national enrollment is due to a wide variation in state enrollment rates as well as inconsistent funding at the state level. For example, during the 2014-2015 school year, Washington, D.C., Vermont, Florida, and Oklahoma each served over 70 percent of their state's 4-year-olds, while 12 states served fewer than 10 percent of 4-year-olds and 7 states had no program at all. New York increased spending by \$358 million from 2013 to 2014 to fund full-day public preschool programs, while three other states decreased funding by more than \$10 million each (National Institute for Early Education Research, 2015).

Risk of lower-quality early education: The quality of publicly funded preschool also varies between states. Out of the 42 states that have public preschool programs, only 6 met all 10 of the quality standards set by the National Institute for Early Education Research; 7 states met fewer than half of the standards. Inconsistent quality in preschool programs particularly affects families who live in low-income or rural areas, which are less likely to have high-quality preschool facilities. When preschool programs do not meet quality standards, they can lead to poorer educational outcomes (National Institute for Early Education Research, 2015; Guptaa & Simonsen, 2010; Guernsey, Williams, McCann, & Bornfreund, 2014).

Strategy 5: Go Without Child Care

Faced with challenges of cost and access, some ALICE families simply forgo child care. Nationally, child care attendance remains closely tied to income, particularly in terms of preschool. In 2014, less than half of 3- and 4-year-olds in families earning under \$50,000 a year were enrolled in preschool, whereas among families earning more than \$75,000 a year, 60 percent were enrolled, and among families in the top income quintile, 76 percent were enrolled.



Consequences

Lack of school readiness: While many young children thrive with stay-at-home parents, some who don't attend early care or preschool may not gain cognitive and language development and the pre-academic skills necessary for success in kindergarten and beyond. Children may also miss out on these skills if their communities lack early-childhood resources, ranging from libraries to enrichment classes to playgrounds. These educational gaps tend to be much more difficult and costly to close as children advance through elementary, middle, and high school (Center for Public Education, 2007;

National Association for the Education of Young Children, 2009; Obama White House, 2014).



Loss of family income: One parent having to forgo work limits a family's current income, future earning potential, and retirement savings. It would cost a 26-year-old mother \$467,000 in lifetime earnings to take five years off from a median-paying job (\$30,253 in 2014) to care for her children full time – an amount equal to a 19 percent reduction in lifetime income (Madowitz, Rowell, & Hamm, 2016).

Ashley, of Lafayette, Louisiana, was doing great until her son turned five. As a single mom, Ashley was able to work nights, pursuing a career as a restaurant manager, while her mother watched her preschooler. But as he was ready to enter kindergarten, her mother moved back to Texas, and Ashley was suddenly without evening child care. She

couldn't afford it on her salary, which was less than \$8 an hour. "I decided to give up the career I had been building," she says. Instead, she found a job as a barista. "It was the only work schedule I could find that would allow me to work from 8 a.m. to 3 p.m., while he was in school," she says. Now she feels trapped in her low-wage job. She can't pay all of her bills on time and had to apply for food stamps, but was twice denied. "I would love to go to school to change my situation," she says, but she can't afford to miss a day of work.

Photo courtesy of United Way

Loss of education advancement: Nearly 25 percent of college students in the U.S., or four million students, have dependent children themselves. Among low-income and first-generation college students, the percentage is even higher. These parents face challenges of increased expenses due to college tuition, increased demands on time for work, study, and parenting, and in many states, difficulty finding child care on or near campus. Being a parent substantially increases the likelihood of leaving college with no degree, with 53 percent of parents compared to 31 percent of nonparents leaving college with no degree after six years (Institute for Women’s Policy Research, 2013; Rose & Hill, 2013).

Strategy 6: Modify Work Schedules

In some ALICE families, one or both parents modify their work schedules to minimize child care hours or conform to child care providers’ standard hours. This can be accomplished by working part time, working night shifts, or doing home-based work. In many cases, one parent stops working entirely until children reach school age. Most child care centers are more likely to be open during standard work hours only – approximately 6 a.m. to 6 p.m. – making quality care increasingly harder to find for those who work nonstandard hours. Likewise, as child care centers prefer to enroll students who pay a regular monthly fee, families whose needs vary from month to month or week to week have a harder time finding arrangements (Ben-Ishai, Matthews, & Levin-Epstein, 2014; Han, 2005; Rachidi, 2015; Golden, 2015).



Consequences

Reduced income: Working fewer hours reduces income, can decrease opportunities for advancement, and makes ALICE families more vulnerable to the range of consequences discussed throughout this report.

Difficulty of scheduling for low-income workers with nonstandard schedules: Trying to secure work hours that mirror child care hours is especially problematic for the many low-wage workers who have nonstandard schedules. This is an increasing problem with a changing workforce; by 2011, 28 percent of low-income workers (and 20 percent of all workers) worked nonstandard hours, outside the 6 a.m. to 6 p.m. range or on weekends. These schedules often vary daily or weekly. Many workers receive little advance notice about their schedules and are expected to be available at any time (Enchautegui, Johnson, & Gelatt, 2015; Enchautegui, 2013; Lambert, Fugiel, & Henly, 2014; Bensman, 2014).

Added family stress: Irregular work schedules and shift work, which keep parents from seeing their children regularly, have a negative impact on relationships and create less stable home environments (Hendrix & Parcel, 2013).

Loss of work-related child care benefits: Modifying a parent’s work schedule can limit an ALICE family’s access to benefits and use of public preschool options. In many states, child care assistance for low-income families requires documentation of work schedules and income, which prevents workers with volatile hours and inconsistent income from qualifying for subsidies. In addition, some states require the number of authorized care hours to match a consistent number of working hours, which further complicates assistance for many low-income workers (Ben-Ishai, Matthews, & Levin-Epstein, 2014).

K-12 EDUCATION

The only cost for education included in the Household Survival Budget is that for child care, which is essential in order for parents to work. Public K-12 education is one of the key ways students from ALICE families can improve their circumstances. Yet the quality of public schools varies widely, and private school tuition is out of reach for many low-wage workers.

One area of particular concern for ALICE households is the achievement gap for many students in K-12 public schools. On average, four groups of students – economically disadvantaged students; Black, Hispanic, and Native American students (who are disproportionately lower-income); students with limited English proficiency; and students with disabilities – perform lower on test scores throughout K-12 and have high school graduation rates below the national average (Stetser & Stillwell, 2014).

Schools' performance results are strongly correlated to household income. The more students in poverty who are enrolled in a particular school, the lower that school's average performance scores. In 2007, students who were eligible for free lunches were two years of learning behind their classmates who were from more financially secure families. Among children entering kindergarten, children from families earning below the FPL scored the lowest on reading and math tests, while children with family income above 200 percent of the FPL were the highest scorers (McKinsey & Company, 2009).

Strategy 7: Move to a Better Performing School or District

Past policy choices and an array of systemic forces – including housing discrimination – have segregated many children in under-resourced neighborhoods with low-quality schools. Although neighborhoods and schools are modestly more integrated by race than they were decades ago, significant racial segregation persists. In most states, there is wide variation in school performance across school districts. Parents in search of better performing schools can change schools, if school choice is available, or move to a different neighborhood (National Center for Education Statistics, 2014; U.S. Department of Housing and Urban Development (HUD), 2016).



Consequences

Long commute: Very few students in higher-income neighborhoods attend open enrollment schools or charter schools outside their neighborhood school zones, but that percentage tends to increase for students living in disadvantaged areas. For example, in Chicago in 2009, more than 20 percent of public school students attended open enrollment schools and another 7 percent chose charter schools. These low-income students face the longest commutes to school, which adds time and expense and limits opportunities for school activities and studying – challenges that similarly achieving students in higher-income neighborhoods do not have to face (U.S. Department of Housing and Urban Development, 2016; Burdick-Will, 2015; Denice & Gross, 2016).

More expensive housing: Most higher-performing schools are located in neighborhoods with more expensive housing. In the top 100 largest metropolitan areas, housing costs almost \$11,000 more per year near high-scoring public schools than near lower-scoring ones. Housing vouchers have the potential to enable moves to areas of opportunity, but they have not worked in practice because many landlords will not accept them. Most families with housing vouchers live near a school that has 74 percent low-income students and ranks at the 26th percentile by state test scores (U.S. Department of Housing and Urban Development (HUD), 2016).



Strategy 8: Drop out of High School

Low-income students are the least likely to graduate high school, with a dropout rate of 11.6 percent among students in the lowest income quartile, compared to 2.8 percent for students from families with the highest incomes (National Center for Education Statistics, 2014).



Consequences

Lower wages: Dropping out of high school may have short-term benefits for those who can get a job. And in all states studied by the United Way *ALICE Project*, most jobs do not require a high school diploma. But these jobs predominantly pay less than \$15 per hour and have few career paths for advancement. As a result, in the long term, those without a high school diploma on average earn less than those with higher education. In 2015, workers with less than a high school diploma earned \$494 per week compared to \$697 for high school graduates, \$782 for those with some college or associate degree, and \$1,155 for workers with a bachelor's degree (Bureau of Labor Statistics (BLS), 2016).

Lower lifetime earnings: The difference in the net earnings of a high school graduate versus a high school dropout in the U.S. is \$305,000 over that person's lifetime, according to a 2009 estimate by the Center for Labor Market Studies at Northeastern University. The gap in lifetime earnings between high school graduates and those who hold a bachelor's degree is estimated to be \$830,800. Included in these calculations is income from tax payments minus the cost of government assistance, institutionalization, and incarceration (Center for Labor Market Studies, 2009; Daly & Benagli, 2014; Klor de Alva & Schneider, 2013; Tyler & Lofstrom, 2009; Carnevale, Rose, & Cheah, 2014).



The cost of not attending college is greater for young adults today than it has been in the past. College graduates earned 51 percent more than those who only had a high school diploma in 2013, compared to 36 percent more in 1995 and only 15 percent more in 1965. College graduates in 2013 were much more likely to be employed, and unemployment among high school dropouts was more than three times higher than among those with a bachelor's degree (Pew Research Center, 2014).

HIGHER EDUCATION

Fewer than half of low-income students attend college immediately after high school, while 80 percent of children from high-income families do. In 2013, only 14 percent of students of low socioeconomic status attained a bachelor's or higher degree within eight years of graduating high school – and young adults with a bachelor's degree earned 62 percent more than those with only a high school diploma (\$48,500 vs. \$30,000 per year) (National Center for Education Statistics, 2015).

The obstacles to higher education for students in ALICE families include lack of an educational foundation to succeed in college as well as financial constraints. Without the minimum preparation in K–12, many low-income students do not have the skills needed to do well in college, such as sufficient reading and writing abilities. Some of these can be mastered in college, but that takes time away from requirements to earn a college degree, costing more in time and money.

Strategy 9: Forgo or Don't Complete College

Many students in ALICE families do not have the resources either to afford college tuition or to forgo earnings while attending college. Though many students have part-time jobs in college (40 percent of full-

time students and 76 percent of part-time students in 2013), they often cannot earn enough to support themselves, meet their family obligations, and pay tuition. Working can also negatively impact grades and delay graduation, prolonging the period of little or no income while adding to tuition costs (National Center for Education Statistics, 2016; Carnevale, Smith, Melton, & Price, 2015).



Consequences

An increasingly competitive labor market: Young adults entering today's labor force without a college degree face increasing levels of financial hardship. Twenty-two percent of 25- to 32-year-olds with only a high school degree were in poverty in 2012, compared to 6 percent of college-educated young adults. This difference is much greater than it was for previous generations. Among Generation Xers, 15 percent of young adults with only a high school diploma were in poverty compared to 3 percent of college graduates; among Baby Boomers in 1979, only 7 percent of those with only a high school diploma were in poverty compared to 3 percent of college graduates. Additionally, the difference in annual income between young adult college graduates and those with only a high school diploma has increased from around \$7,500 in 1965 to \$17,500 in 2012, accounting for inflation (Pew Research Center, 2014).

Strategy 10: Take on Student Loan Debt

Tuition debt has increased over time, and many students now incur ongoing loans. Student debt is often a reason young adults become ALICE. Seven in 10 students (68 percent) who graduated from public and nonprofit colleges in 2015 had student loan debt, and owed an average of \$30,100 (Project on Student Debt, 2016). When students drop out of college, they are often saddled with loans, yet they miss out on earning a degree that would lead to a higher income and the ability to repay those loans.



Consequences

Higher loan default rates: More Americans than ever before are attending college, but more are also dropping out and defaulting on their loans. In 2015, 59 percent of adults had completed some college, but less than half of them had received a bachelor's degree. Students who did not receive a degree or who received an associate's degree are more likely to have debt that they cannot repay. Students earning an associate's degree at a public two-year institution were three times as likely to default on student loan repayments as students studying at four-year private, nonprofit institutions. Nationally, 58 percent of borrowers whose student loans came due in 2005 hadn't received a degree, according to the Institute for Higher Education Policy. Of those without a degree, 59 percent were delinquent on their loans or had already defaulted, compared with 38 percent of college graduates (Cunningham & Kienzl, 2011; Ryan & Bauman, March 2016).

Less money for current expenses or savings: Money spent on debt means that less money is available to save for future expenses such as buying a home or retirement, and less is available should an emergency arise in the present. That lack of savings creates a vicious cycle of financial instability for ALICE families, and increases the risk of higher costs for health care and social services over the longer term (Belsky, Goodman, & Drew, 2005; National Low Income Housing Coalition, 2016).

BROADER COSTS OF LOWER-QUALITY OR UNAFFORDABLE CHILD CARE AND EDUCATION OPTIONS

Not being able to afford quality child care or access a quality K–12 education has consequences not only for ALICE, but also for the strength of the local economy and the future of the wider community:

- **Lack of adequate early education affects school and work performance.** Inadequate or no child care negatively affects parents and employers, resulting in absenteeism, tardiness, and low productivity. Businesses lose an estimated \$4.4 billion annually due to employee absenteeism caused by child care breakdowns. Sixty-five percent of employees with children see their work schedules affected by child care issues an average of 7.5 times in a six-month period (Haskins, 2011; Child Care Aware of America, 2015; Child Trends, 2011; Alliance for Excellent Education, 2011; Alliance for Excellent Education, 2013; Garcia, 2015).
- **Universal preschool rollouts change private preschool economics.** In addition to publicly funded preschool programs for low-income families, some districts have started to implement universal preschool – free preschool provided or funded by a public school district for all students – which increases the amount of formal child care available to all families. However, depending on whether universal preschool is provided by the public school system or funded by them through vouchers to private care providers, there can be a shift in the local preschool economy. When universal preschool becomes available, “crowd-out” can cause private preschools to lose revenue, though they can make some of it back through after-school care (Center for Nonprofit Management, 2014; Bassok, Fitzpatrick, & Loeb, December 2012).



- **Closing the education achievement gap would be economically beneficial not only for ALICE individuals and families, but for all U.S. residents.** The lack of a basic education has repercussions society-wide, including lower tax revenues, greater public spending on public assistance and health care, and higher crime rates. According to the Alliance for Excellent Education, raising the 2013 high school graduation rate to 90 percent would have generated a \$7.2 billion increase in earnings and a \$1.1 billion increase in federal tax revenues (Communities in Schools, 2015). In addition, a study by McKinsey estimated that closing the income gap for 15 years would have increased the GDP a decade later by 3 to 5 percent (Tyler & Lofstrom, 2009; Center for Labor Market Studies, 2009; Center for Labor Market Studies, 2009a; McKinsey & Company, 2009).
- **People with lower levels of education are often less engaged in their communities and less able to improve conditions for their families.** More than half of those without a high school diploma report not understanding political issues while 89 percent of those with a bachelor's degree have at least some understanding of political issues. Similarly, having a college degree significantly increases the likelihood of volunteering, even controlling for other demographic characteristics (Baum, Ma, & Payea, 2013; Campbell, 2006; Mitra, 2011).

FUTURE TRENDS: CHILD CARE AND EDUCATION FOR ALICE FAMILIES

Trends in Child Care

The number of families with children has been decreasing for the last decade. As the composition of families has changed, the number of married-couple families has fallen (though they are still the largest group), and the number of single-parent families – both male- and female-headed – has increased. Although more than half of single-parent households include another adult in the household, single-parent families are still more likely to be in poverty or to be ALICE. The trend, then, is toward fewer families with children, but more who are struggling. This puts pressure on child care providers to provide care at lower costs (Vespa, Lewis, & Kreider, 2013).

The child care facility industry is dominated by single proprietors, who run businesses susceptible to changes in the job market. More than 80 percent of child care operators are sole proprietors, who are small businesses susceptible to fluctuations in local conditions – including availability of jobs and wage levels for local parents. They are also challenged by the low reimbursement rates of vouchers, which have not kept pace with costs. Larger child care centers were able to weather the Great Recession, when many families cut back on child care hours or stopped attending altogether. However, many centers that were heavily reliant on vouchers have been forced to close or downsize (Laughlin, 2013; U.S. Small Business Administration, 2016; Brown & Traill, 2006; SBDCNet, 2014).

Given the ongoing issues with cost and availability of child care, it is expected that regular child care arrangements with a relative will continue to be the most commonly used form of care. The cost of both center-based and home-based child care, even with sliding-scale fees and vouchers, means that many ALICE and poverty-level families cannot afford formal care. Without the expansion of public support, the 25 percent share of children who have no regular child care arrangements at all will persist, or even increase (Laughlin, 2013).

Low-paid child care workers are ALICE. The average wage for child care workers is approximately \$10 per hour (\$20,000 annually if full time) – so low that nearly half of child care workers receive public assistance. A recent report released jointly by the U.S. Department of Health and Human Services and the U.S. Department of Education makes clear that low compensation undermines child care quality. The quality of any early learning setting is directly related to the quality of its staff. If pay is too low, workers are susceptible to tardiness, absences, and stress from their own living situations. In addition, there is no incentive for workers to obtain specialty training (Ludden, 2016; U.S. Department of Health and Human Services and U.S. Department of Education, 2016).

Trends in Education

ALICE households have few means to change the educational trajectory that places low-income students in poorer quality schools and increases their risk for not graduating high school or not attending or completing college. There have been several national attempts at education reform in recent decades, with mixed results.

The role of charter schools is increasing. One response to the persistence of the achievement gap and the perception that public schools are not meeting the needs of many students has been the creation of charter schools. Charter schools are publicly funded but run by independent nonprofit boards; management can be either nonprofit or for-profit, but currently there are very few for-profit operators. The ability of charter schools to improve school performance and close the achievement gap for students of color and those from low-income families is the subject of nationwide debate.

Since 2000, charter school enrollment has increased from 0.3 million to 2.3 million nationwide, with 4.6 percent of public school students attending a charter school. The efficacy of charter schools varies greatly from school to school and state to state. According to a 2015 Center for Research on Education Outcomes study, urban charter schools have been especially effective for students in poverty, who gain the equivalent of 40 days of additional learning per year in math and 28 additional days in reading compared to traditional public school students (CREDO, 2015).

Earning potential will continue to be tied to education – and specifically to college majors. For students who do attend and graduate from college, there is a wide disparity in employment and earnings based on their major. Degree majors that provide technical training (such as engineering, math, or computer science), or majors that are geared toward growing parts of the economy (such as education and health) have done relatively well. At the other end of the spectrum, those with majors that provide less technical and more general training, such as leisure and hospitality, communications, the liberal arts, and even the social sciences and business, have not tended to fare particularly well in recent years. This has led to a relatively new phenomenon of well-educated households not being able to afford basic necessities. For example, the median annual salaries of college-educated workers age 25 to 59 years old range from \$39,000 for an early childhood educator to \$136,000 for a petroleum engineer (PayScale, 2014; Abel, Deitz, & Su, 2014; Carnevale, Cheah, & Hanson, 2015).





FOOD



Food is the most basic of all needs. In a country with vast agricultural resources, it may seem surprising that any family faces hunger. Yet 13 percent of U.S. households were “food insecure” (a term that describes hunger) at some point in 2015, including 17 percent of households with children.

The U.S. Department of Agriculture (USDA) defines food insecurity as the lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. This includes both households with low food security (lower quality, variety, and desirability of food) and those with very low food security (multiple instances of disrupted eating patterns and reduced food intake). Food insecurity is most widespread among the lowest income groups, and it is often a recurrent situation. USDA national data has found that on average, affected households were food insecure for seven months of the year. Chronic food insecurity leads to less healthy eating and increased stress, which both contribute to poor health (Coleman-Jensen, Rabbitt, Gregory, & Singh, 2016).

Having enough food is a basic challenge for ALICE and poverty-level households. The cost of food in the Household Survival Budget is based on the USDA’s Thrifty Food Plan, the most minimal of the agency’s four food plans. Yet the gap between how much ALICE families need for food and what they can afford to spend shows up clearly in Figure 7, which compares three different monthly food budgets for a family of four to the monthly salary of a full-time employee working as a packer. In the U.S., 693,170 ALICE workers packaged a wide variety of products and materials (including food) by hand at an average hourly wage of \$11.08, or \$22,160 annually (if full time, year-round) in 2014 (Bureau of Labor Statistics, 2014).

STRATEGIES

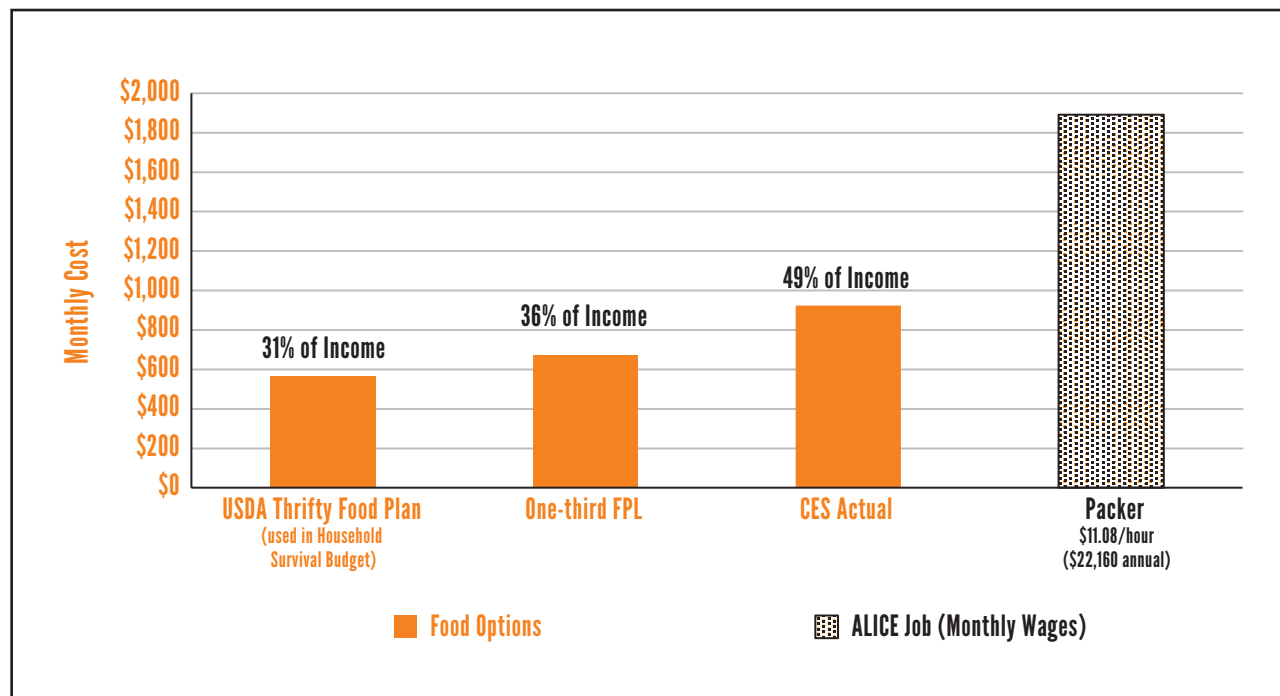
What do ALICE and poverty-level households do when they cannot afford the food they need?

- 1: Eat Less Food and Less Healthy Food
- 2: Seek Food Assistance
- 3: Forgo Other Essentials

This section presents the best research available on the hard choices that struggling families are making every day when they do not have enough money for food, and the consequences of those choices. These are not policy recommendations, but information and analysis that can help stakeholders create the most effective solutions for their communities.

Figure 7.

Monthly Food Costs and Percentage of an ALICE Income, 2014



Source: U.S. Department of Agriculture, 2014; Bureau of Labor Statistics, 2014 and 2014a; and U.S. Department of Health and Human Services, 2014

- Both the ALICE Household Survival Budget and the federal Supplemental Nutrition Assistance Program (SNAP, formerly food stamps) are based on the USDA's Thrifty Food Plan, which allocated \$568 per month for a family of four (two adults and two children under the age of five) in 2014 – almost one-third (31 percent) of a packer's wages (U.S. Department of Agriculture, 2014).
- The Federal Poverty Level (FPL) was originally developed using the rule that food accounts for one-third of the family budget. In 2014, one-third of the FPL for a family of four was \$674 per month – more than one-third (36 percent) of a packer's wages (Fisher, 1992; U.S. Department of Health and Human Services, 2014).
- The Consumer Expenditure Survey (CES) estimate of what a family actually spends on food, both at home and away from home, is \$901 per month – almost half (49 percent) of a packer's wages (Bureau of Labor Statistics, 2014a).

Strategy 1: Eat Less Food and Less Healthy Food

When ALICE and poverty-level households do not have enough money for food, they not only reduce the amount of food they eat, but they eat fewer healthy foods, which are typically more expensive.

According to a recent national survey from Feeding America, buying inexpensive, unhealthy food is the most commonly reported coping strategy for food insecure families (reported by 78.7 percent of respondents), followed by buying food that has passed its expiration date (56 percent) (Feeding America, 2014).





In addition to cost, work schedules limit healthy food options for many ALICE and poverty-level families. Many low-income households work long hours and do not have the time required to shop for and prepare low-cost meals. The USDA acknowledges that the Thrifty Food Plan – the lowest of the federal government’s four family food budgets – requires skill in buying and cooking foods that need a lot of home preparation time with little waste (Hanson, 2008; Leibtag & Kumcu, 2011; AARP, 2015; Drewnowski & Eichelsdoerfer, 2010).

Proximity to full-service grocery stores is also a problem. Many low-income neighborhoods have minimal access to fresh food, which makes it hard for ALICE and poverty-level families to cook at home. Nationally, 37.7 percent of adults and adolescents eat less than an average of one fruit or vegetable per day. This may be explained in part by the fact that 30.5 percent of U.S. neighborhoods do not have healthy food retailers within a half-mile (Centers for Disease Control and Prevention (CDC), 2013).



Consequences

Poorer health: Food insecurity affects health first and foremost, and the health problems that it contributes to have consequences for school performance, work productivity, and levels of chronic stress. Numerous studies have shown associations between food insecurity and the general problems of low energy and poor nutrition, as well as specific adverse health outcomes such as coronary heart disease, cancer, stroke, diabetes, hypertension, and osteoporosis. These effects are especially pronounced for children, seniors, and those with existing health problems (Fuller-Thompson & Redmond, 2008; RTI International, 2014; Hickson, Cuba, Weiss, Donofrio, & Cook, 2013; The Aspin Institute, 2016; Feeding America, 2014; Hickson, Cuba, Weiss, Donofrio, & Cook, 2013a; Seligman, Laraia, & Kushel, 2010; Gundersen & Kreider, 2009).

- **For children**, lack of sufficient food can cause developmental delays and lack of nutritious food can cause health problems, all of which can impact learning in the longer term.
- **For seniors**, lack of sufficient and nutritious food can accelerate declines in health and cognitive function and exacerbate chronic diseases.
- **For working-age adults**, lack of sufficient and nutritious food can lead to development of chronic diseases (such as diabetes and heart disease) and contribute to mental health issues (such as depression). Food insecure adults in the workforce may be less productive and have higher rates of absenteeism.
- **Food insecurity and obesity are linked:** Though hunger can cause people to be undernourished and *underweight*, it can also result in people being undernourished and *overweight*. Obesity and its associated chronic health problems are increasing for all income groups, but it is not surprising that low-income families with less money to buy healthy food are even more likely to be obese. For ALICE and poverty-level families, the stress of food insecurity and other financial pressures can also contribute to weight gain. In addition,



The biggest struggle for Rebecca, a single mother from Connecticut, is finding enough money to feed her family healthy food. Rebecca works full time while pursuing a master's degree. After she pays all her bills – rent, child care, student loans, medical bills, car payments, and utilities – she has little left for food, clothes, and incidentals. Fresh, healthy fruits and vegetables are not cheap and are the first thing to go. Although she knows how important it is to feed her kids healthy food, she ends up choosing cheap, less healthy, but filling food. “My son is now overweight, and I think that it is because I can’t afford to buy healthy food,” she says. “If you could see a picture of him three years ago, when finances were not an issue for me, versus now, he’s gained 14 lbs. in one year. I feel like I’ve let him down as a mother. It’s my responsibility to teach him healthy eating habits.”

Photo courtesy of United Way

low-income families have fewer opportunities for physical activity because of long hours at work and poor access to recreational spaces and facilities (Commonwealth Fund, 2013; Food Research and Action Center; Hartline-Grafton, 2011; Kim & Leigh, 2010; National Institute of Diabetes and Digestive and Kidney Disease, 2012; Ogden, Carroll, Fryar, & Flegal, November 2015).

Strategy 2: Seek Food Assistance

The second most common strategy among families who cannot afford enough food is to seek federal or charitable food assistance. The use of government food programs, as well as soup kitchens, food pantries, and food banks, has increased steadily through the Great Recession to the present. Supplemental Nutrition Assistance Program (SNAP, formerly food stamps) benefits have proven to be effective in combating hunger and poverty; SNAP beneficiaries experience less food insecurity, fewer sick days, and fewer hospital and doctor visits. SNAP and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) together improve short-term and long-term maternal and child health outcomes and bolster children's academic achievement (Betley, Szanton, Samuel, & Cahill, 2016; Furman, Munoz, & Black, 2015; U.S. Department of Agriculture (USDA), 2013).

- **SNAP:** Eligibility for SNAP varies by state, ranging from 130 to 200 percent of the FPL. Enrollment in SNAP increased by 69 percent from 2008 (the beginning of the Great Recession) to 2013. During that time, average monthly participation increased from 28.2 million to 47.6 million people, though increases varied by state. The overall increase was the result of greater need as income declined and more households became eligible, along with the 2009 American Reinvestment and Recovery Act, which boosted SNAP eligibility and outreach. Funding for these efforts expired in 2013, at which point SNAP enrollment slowed as some individuals no longer qualified and many others had their benefits reduced (Dean & Rosenbaum, 2013; U.S. Department of Agriculture (USDA), 2016; Betley, Szanton, Samuel, & Cahill, 2016).
- **WIC:** WIC enrollment similarly peaked after the Recession, but much less dramatically. In 2010, the year of highest program enrollment, 9.2 million families participated in WIC at an average monthly cost of \$41.43 per person (U.S. Department of Agriculture (USDA), 2016a). As with SNAP, caseloads and benefits have decreased since (National WIC Association, 2011; WIC, 2016; U.S. Department of Agriculture Food & Nutrition Service, 2016).
- **Food pantries:** Many households also rely on food pantries, and use is highly correlated with economic indicators like long-term unemployment. In New York State, food pantry use rose from 2006 through 2012, with the lowest-income households needing continued assistance even after the Recession had officially ended. Nationally, the number of unique clients served by Feeding America programs increased by roughly 25 percent from 2010 to 2014 and reached 46.5 million people in 2014 (Shackman, Yu, Edmunds, Clarke, & Sekhobo, 2015; Feeding America, 2014).



Consequences

Assistance not easily accessible: Many ALICE families are entering the world of public assistance for the first time, and navigating that world can be complicated at first. There is the challenge of gathering information about what is available, and then qualifying for programs. Soup kitchens, food banks, and food pantries do not have income-based eligibility requirements, so many families turn to them first, but they may have limited access without transportation (U.S. Department of Agriculture (USDA), 2010; U.S. Department of Agriculture (USDA), 2010a; U.S. Department of Agriculture (USDA), 2012).



Stigma: For many families, using public food assistance also brings an emotional toll. Some in need do not use free food assistance for a number of reasons, including moral objections to taking food from others, embarrassment, racial stereotyping, and invasive questions about proof of eligibility that are seen as burdensome and degrading (Wimer, Wright, & Fong, 2013; Bertmann, et al., 2014).

Eligibility limits: Not all hungry families can access federal food benefits. Eligibility limits for SNAP or WIC benefits are 130 percent to 200 percent of the FPL for families, which is below the ALICE Threshold in most areas. As a result, there are many food insecure households – especially those without children – who are often not eligible for public assistance and rely mostly on nonprofit food assistance where available (Betley, Szanton, Samuel, & Cahill, 2016).

Insufficient federal food benefits: A recent Institute of Medicine (IOM) report found that most SNAP benefit levels (which are established by the USDA's Thrifty Food Plan) are based on unrealistic assumptions about the cost of food, preparation time, and access to grocery stores. As a consequence, they do not provide adequate resources for a sustainable, healthy diet, especially with the continued increase in the cost of food staples and decreases in SNAP and WIC benefits. The White House Council of Economic Advisors found that the vast majority of SNAP benefits run out by the end of the second or third week of every month, leaving households without enough food (Institute of Medicine (IOM), 2013; Food Research and Action Center (FRAC), 2012).

Strategy 3: Forgo Other Essentials

ALICE and poverty-level households often neglect other needs in order to afford food, most frequently forgoing much-needed medical care. They are more likely than other households to have no regular source of medical care and to postpone purchasing or taking medications. Children in food insecure households are also more likely to skip recommended well-child visits (Ma, Gee, & Kushel, 2008). Dental care is even more likely to be ignored, with many food insecure households reporting that they had not visited a dentist in the last five years (Harrison, 2003; Chi, Masterson, Carle, Mancl, & Coldwell, 2014).

The other key area that competes with paying for food is paying for housing. In a survey commissioned by Feeding America, 57 percent of respondents reported choosing between food and rent or mortgage payments. Up to 69 percent could not cover the costs of both food and utility bills in the previous year, and 34 percent faced that dilemma every month (Feeding America, 2014).



Consequences

Less money for other necessities: As an ALICE family's food costs rise, other current needs are compromised, including doctors' appointments and medicines, child care, heat and other utilities, or housing itself. These deprivations, as well as the stress they cause, can increase the need for health care, which becomes yet another expense.

Less money for savings: Choosing food over other essentials also means that less money is available to save for future expenses such as higher education or retirement, and less is available should an emergency arise in the present. That lack of savings creates a vicious cycle of financial instability, and increases the risk of higher costs for health care and social services over the longer term (Belsky, Goodman, & Drew, 2005; National Low Income Housing Coalition, 2016).

THE BROADER COSTS OF FOOD INSECURITY

Not having sufficient income to afford enough food or healthy food has consequences not only for ALICE's health, but also for the strength of the local economy and the future health care costs of the wider community:

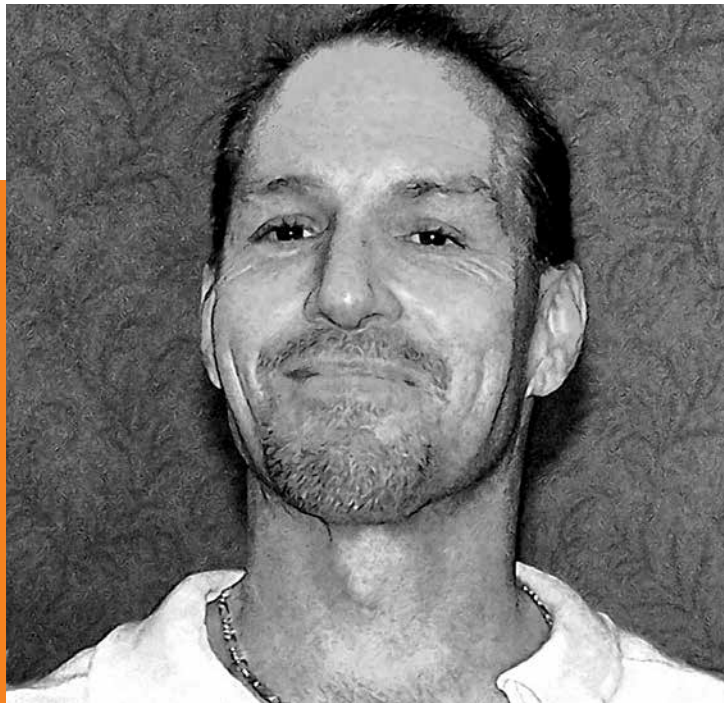
- **Many of the strategies people use to avoid hunger are not sustainable**, particularly eating cheaper, less healthy food and selling or pawning personal property to have money for food. In fact, these strategies are likely to lead to more families becoming ALICE or slipping into poverty, either through poor health and additional health care costs or reduced assets to weather an unexpected emergency (Feeding America, 2014).
- **In 2014, the U.S. spent an estimated \$160 billion on health care costs related to hunger and food insecurity**, as estimated by the Bread for the World Institute. These costs are borne substantially by Medicare and Medicaid, but also by employers and communities. Adults and children suffering from food insecurity are more likely to have no source of usual health care or to ignore health problems until they become severe. As a result, they are more likely to need hospitalization and to visit emergency rooms (Ma, Gee, & Kushel, 2008; Weiser, et al., 2012; Kushel, Gupta, Gee, & Haas, 2006; Cook & Poblacion, 2016; Seligman H., 2016).

FUTURE TRENDS: FEEDING ALICE

More young adults are using food pantries. Food pantries are used by households of all ages, but they have been growing significantly as a resource for people under the age of 25, the group most likely to be ALICE or to be in poverty in all states included in the United Way *ALICE Project*. Reports consistently find higher rates of food insecurity among college students – 59 percent among students at Western Oregon University, for example – and private charitable contributions through food pantries have responded accordingly. Across the country, the number of university-affiliated food pantries rose from four in 2008 to 121 in 2014, and colleges continue to build them (Bahrapour, 2015).

The number of people receiving long-term food assistance is increasing.

There has been a shift in the use of food pantries since the Great Recession. Food pantries continue to be used as emergency



Robert, a 50-year-old living in Lansing, Michigan, is so worried about putting food on the table for his wife and son that he has donated plasma for a fee. Despite working for an auto parts supplier, Robert brings in just enough money to pay the bills, but not always enough for the food bill. “Towards the middle of the week, there are times I go without lunch so I can make sure there is enough food in the house for my wife and son,” he says. He works a union job, but has to pay 20 percent of his health insurance (about \$200 a month) and pays child support to his ex-wife for his two other children, who live with her. “Now that my son is getting older, we find it more difficult to get him what he needs for school and for other activities he wants to do as an 8-year-old,” Robert says. They live in a modest home and Robert drives an old pickup truck. Despite their struggle, Robert donates to the local United Way and to his church, where he also volunteers every Friday night. “We don’t have much but we try to give back to our community where we live,” he says. “Life is such a struggle that at times I wonder what it’s all about. Then a small voice tells me it’s about the future and the next generation. That’s what keeps me going.”

Photo courtesy of United Way

food assistance for families in a crisis. But with changes in the economy, many low-wage workers – even those with public assistance benefits – are now forced to use food pantries on a regular basis. In fact, in a recent study, more than half (59 percent) of persistent users – those who relied on food pantries for more than two years – also participated in SNAP. Another large group of persistent users are seniors, who are forced to turn to food pantries despite receiving Social Security or disability benefits (Kaiser & Cafer, 2016; Kicinski, 2012; Feeding America, 2009).

Many long-term clients have serious health problems, and using food assistance can make some of those problems even worse. Feeding America's 2014 national survey of food bank clients found that 33 percent live with someone who has diabetes and 58 percent live with someone who has high blood pressure. Feeding America has started to shift towards providing more healthy food. Fresh produce is the most likely to be missing from low-income diets because of cost and accessibility. More food pantries are working with local farms so they can offer fresh produce (Treuhaft & Karpyn, 2010; Pipkin, 2016; Bell, Mora, Hagan, Rubin, & Karpyn, 2013; County Health Rankings, 2016; Feeding America, 2014).

As the U.S. population ages, the number of food insecure seniors (65 and over) is also increasing.

While the proportion of seniors who are food insecure is slightly lower than that of the general population, at 8.4 percent, the actual number is increasing. Due to both increased financial hardship and the aging population, the number of food insecure seniors more than doubled from 2001 to 2011, to 4.8 million (Feeding America, 2013). Other metrics, using different parameters and a slightly younger cohort (as young as 60), find even higher rates of food insecure seniors. A study from researchers at the University of Kentucky and the University of Illinois estimated that 9.6 million people 60 and older, approximately 1 in 6, had difficulty accessing food at some point during the year in 2013 (Varney, 2015).

The problem is particularly acute for non-White seniors, those with multiple generations in a household, and those with lower income. Seniors with grandchildren living with them are three times as likely to be food insecure as others, and among a sample of low-income seniors, only 39 percent reported having stable food security (Sharkey, Xu, & Dean, 2013). This problem will worsen as seniors grow both in number and as a share of the population.

When seniors face food insecurity, the consequences can be more serious than they are for younger people. Food insecure seniors face significantly reduced levels of iron, protein, vitamin A, and calcium, even when controlling for other known risk factors for poor health such as race, income, and age. They are 60 percent more likely to experience depression, and are at higher risk of needing acute medical care (Feeding America, 2013).





TRANSPORTATION



Because most low-wage workers have to be on-site, transportation is crucial to them, and it also determines how easily a family can reach doctors, grocery stores, and

schools. Yet low-income families may not be able to lease or buy a car or find housing near public transit. This creates a wide range of possible consequences for all members of the household.

Transportation, especially the cost of a car, consumes a significant portion of a low-income household's budget, and that cost has increased over the last decade. The most basic transportation cost, as reported in the average Household Survival Budget for a single adult, is \$341 per month, or \$4,092 annually (21 percent of the budget). For a family of four, the cost is \$680 per month, or \$8,160 annually (15 percent of the budget). However, costs vary greatly among states and regions, with households in more rural areas paying more than households in largely suburban metro areas. For example, among single-adult households, the cost of transportation accounted for 14 percent of all expenses in the Survival Budget for New Jersey but almost 25 percent in Iowa.

Even in metro areas, however, transportation costs are high. A recent study found that moderate-income households in the nation's 25 largest metro areas (those with an average income of \$44,566 per year) spent 27 percent of household income on transportation expenses, an average of \$11,912 annually. In addition, these expenses increased by 33 percent between 2000 and 2011, reflecting rising gas prices and growing populations living in suburbs (Hickey, Lubell, Haas, & Morse, 2012; Hoopes, 2016).

The gap between how much ALICE families need for transportation and what they can afford to spend shows up clearly in Figure 8, which compares three different monthly transportation budgets for a family of four to the monthly salary of a full-time security guard. Just over 1 million ALICE workers are security guards, earning an average hourly wage of \$13.48, or

STRATEGIES

What do ALICE and poverty-level households do when they cannot afford transportation?

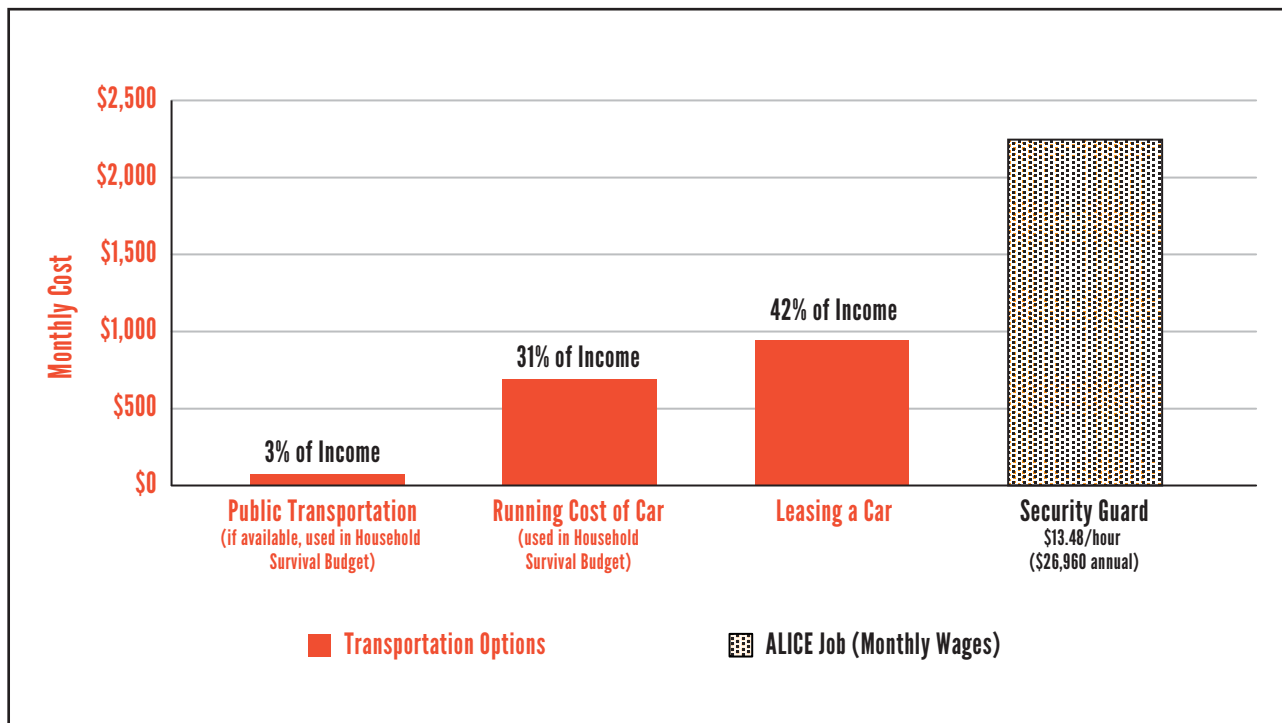
- 1: Forgo Other Expenses to Buy and Maintain a Car
- 2: Minimize Car Expenses
- 3: Avoid Insurance, Registration, and Paying Traffic Fines
- 4: Move Near Public Transportation

This section presents the best research available on the hard choices that struggling families are making every day when they do not have enough money to afford transportation, and the consequences of those choices. These are not policy recommendations, but information and analysis that can help stakeholders create the most effective solutions for their communities.

\$26,960 annually (if full time, year-round) (Bureau of Labor Statistics, 2014). This job usually requires a car due to work locations and hours.

Figure 8.

Monthly Transportation Costs and Percentage of an ALICE Income, 2014



Source: Bureau of Labor Statistics, 2014 and 2014a

- The ALICE Household Survival Budget uses the cost of public transportation where available because it is much less expensive than the cost of a vehicle – only \$77 per month on average, which represents only 3 percent of a security guard’s salary. However, there were only 56 counties (out of the 3,143 counties in the U.S.) where more than 8 percent of commuters used public transportation to get to work in 2014 (American Community Survey, 2014a).
- Where public transportation is not available, the ALICE Household Survival Budget uses the running cost of a car as measured by the Consumer Expenditure Survey (CES) estimate of what a family actually spends on gas and maintenance. On average, this totals \$692 per month nationally, slightly less than AAA’s estimate of \$740. Yet this is still almost nine times higher than the cost of public transportation and represents 31 percent of a security guard’s wages (Bureau of Labor Statistics, 2014; AAA, 2014).
- To fully reflect the cost of owning a vehicle, Figure 8 also includes the running cost of a vehicle plus the cost of leasing a car. On average, this totals \$945 per month in the U.S., or 42 percent of a security guard’s wages (Bureau of Labor Statistics, 2014). When ALICE families live farther away from work, their transportation costs increase above these levels.



Strategy 1: Forgo Other Expenses to Buy and Maintain a Car

Public transportation is significantly cheaper than owning or leasing a car (Figure 8), but it does not exist in most parts of the country. Therefore, employment in most areas requires access to a reliable vehicle, which adds significant expense to a family budget. Nationally, 86 percent of workers either drive to work alone or carpool, indicating that most households own at least one car. Rates vary across the country; for example, in the 15 states studied so far by the *United Way ALICE Project*, New York households had the lowest rate of vehicle access at 70 percent, while 96 percent of Idaho households had a vehicle (Pew Research Center, 2016; Baum, 2009; Hoopes, 2016).



Consequences

Less money available for other necessities: The cost of owning and maintaining a car forces many families to reduce spending on other necessities like healthy food, prescriptions, or preventative medical care. Research shows that increased car expenses also take away from investments – particularly housing investments that could help a family accumulate wealth (Agrawal, Blumenberg, Abel, Pierce, & Darrah, 2011).

Strategy 2: Minimize Car Expenses

Because leasing or buying a new car in the U.S. is too expensive for many ALICE families, they choose less expensive vehicles and keep them for longer. The median car value for low-income families is \$4,000, or about one-third of the \$12,000 median value of cars owned by middle-income families. While these older cars are more affordable up front, they are more likely to be less fuel-efficient and to break down and require repairs, adding ongoing expense over time (AAA, 2016; U.S. Department of Housing and Urban Development (HUD), 2014; Bricker, Kennickell, Moore, & Sabelhaus, 2012).



Consequences

Disruption of work schedules: When ALICE cannot afford car maintenance, especially for older cars, those vehicles are more likely to break down and need costly repairs. Disruption in transportation can prevent ALICE and poverty-level families from getting to work or add time and cost to reaching their jobs, resulting in tardiness and absenteeism (Bricker, Kennickell, Moore, & Sabelhaus, 2012; Criden, 2008; Community Transportation Association of America, 2011; Board of Governors of the Federal Reserve System, 2013).

Limited school choice: Access to transportation sometimes determines the number of child care facilities and school choice options that are available to an ALICE family. Limited or no access to a car means that some families struggle to access quality child care, or incur greater costs to get a child to a quality program. It can also lead to extra “late pickup” fees if transportation is unreliable. In addition, the lack of a car means that a family can only access local schools or those available by public transit, which can prevent students from attending a charter school or a public school with a specialized program outside their immediate school zone (Center for Transit Oriented Development, 2012; Dawkins, Jeon, & Pendall, 2015; Criden, 2008).

Limited food choices: Low-income neighborhoods have fewer full-service, competitively priced grocery stores and a higher proportion of fast-food restaurants and convenience stores than higher-income neighborhoods. Because of this, ALICE residents without access to transportation who have to shop locally are often forced to spend more of their income on less nutritious food (Agrawal, Blumenberg, Abel, Pierce, & Darrah, 2011).



Difficulty accessing health care: Unreliable transportation can mean missed doctors' appointments, and in rural areas may mean forgoing health care. Those undergoing treatment for cancer and other serious diseases or facing chronic conditions may miss appointments, not fill their prescriptions, and forgo treatment because they don't have a reliable way to travel to the doctor's office, hospital, or pharmacy (Syed, Gerber, & Sharp, 2013; Silver, Blustein, & Weitzman, 2012; National Patient Advocate Foundation, 2016).

Difficulty accessing social services: Disruption in transportation can prevent ALICE and poverty-level families from accessing health and social services, the courts, and legal services. It can also be a barrier to applying for assistance or complying with state-mandated or federally mandated training programs (Bricker, Kennickell, Moore, & Sabelhaus, 2012; Criden, 2008).

Strategy 3: Avoid Insurance, Registration, and Paying Traffic Fines

One way ALICE and poverty-level households try to close the income gap is by skimping on expenses associated with car ownership. Despite the fact that driving without insurance is a violation in all states except New Hampshire, an estimated 15 percent of drivers are uninsured. The number of uninsured drivers peaked at 29.9 million in 2009 during the Great Recession and then dropped to 29.7 million in 2012, the last year for which data is available. States with more affordable insurance have lower rates of uninsured drivers (Heller & Styczynski, 2016; Wiltz, February 20, 2015).

Institutional bias factors into the equation when low-income drivers are charged more for insurance coverage than drivers with higher incomes. Insurers charge low-income drivers 59 percent more, or an extra \$681 on average annually, due to "redlining," or raising quote prices based on characteristics related to

socioeconomic status, including education level, occupation, homeownership status, insurance purchasing history, and marital status. More recently, insurance companies have started to use information from credit reports to determine insurance premiums, and in some states credit scores can have more of an impact on premiums than any other factor. These higher rates make it even harder for ALICE and poverty-level drivers to afford insurance and increase the likelihood that they will skip payments or opt out altogether (Ong & Stoll, 2007; Heller & Styczynski, 2016; Consumer Reports, 2015).

Another cost-saving strategy is not registering a vehicle, which avoids the annual fee and possibly the repairs needed for it to pass inspection. Other common but often unanticipated expenses associated with driving are speeding, parking, and other traffic tickets. In many states, drivers who cannot pay the fine can have their license suspended. In some cases, they can even receive jail time or be sentenced to community service (University of Wisconsin-Milwaukee Employment & Training Institute, 2015; American Association of Motor Vehicle Administrators, 2013; Consumer Reports, 2015; PBS NewsHour, 2014).

Consequences



Long-term penalties: Avoiding insurance, registration, or tickets may provide short-term savings, but these strategies have long-term consequences such as fines, towing, and storage fees, points on a driver's license that increase the cost of car insurance, and even impounding of the vehicle or license suspension. In particular, the system of large fixed fines for certain offenses in most municipalities hits low-income drivers harder than those who are more affluent. Having a driver's license suspended for failure to pay a traffic fine not only takes away someone's ability to get to a job but also harms credit ratings, which in turn can make it harder for people to get and keep jobs and take care of their families. These added layers of indirect consequence significantly increase traffic



Despite working full time (and having a second job on the side), Christina Forgione and her fiancé still cannot afford their own home or a desperately needed second car. Christina works full time as a junior medical secretary at a surgery facility, and brings in extra money as a hair stylist after hours. Her fiancé of two years delivers Meals on Wheels. They have three young children (a 3-year-old and 1-year-old twin boys) and have had to live at her fiancé’s mother’s house in order to stretch their money. “We only have one car that we share between us,” Christina says. It’s a logistical headache: She wakes up before dawn to take her fiancé to work by 5 a.m., and then at the end of his shift, he picks up the car from her workplace, which is close by. “We both work but I feel like there’s never enough money because everything is so expensive and we just can’t keep up,” Christina says. “We basically are able to get what we need and not what we want.” The “wants” include vacation, dance class for their toddler, and other fun family activities. “It comes down to, what can I not pay this month so I can pay something extra for them?” says Christina. “It is very difficult.”



violation penalties for low-income drivers (Urbana IDOT Traffic Stop Data Task Force, 2015; Lawyers Committee for Civil Rights, 2015).

Disruptions in day-to-day transportation: When drivers have their licenses suspended because of problems with insurance, registration, or unpaid fines, there are delays and complications in getting to work, school, shopping, and medical appointments, creating added stress and expenses for the whole family (Eaglin, 2015).

Strategy 4: Move Near Public Transportation

Public transportation is a far less expensive means to commute to work than driving a car, but is not widely available in most parts of the U.S. Nationally, only 11 percent of adults use public transit to commute to work, with most of these commuters concentrated in urban areas. Among households in rural areas, only 3 percent of workers report using public transit regularly. Illustrating its cost effectiveness, the highest levels of

public transit ridership are among low-income (15 percent), Black (23 percent), Hispanic (15 percent), and immigrant workers (25 percent) (Pew Research Center, 2016).



Consequences

High cost of living: The urban areas with the best public transportation, such as New York, Seattle, and San Francisco, are also some of the most expensive places in the country to live (Tomer, Kneebone, Puentes, & Berube, 2011).

Longer commutes: Because housing near public transportation is often cost-prohibitive for most ALICE and poverty-level families, many move farther away from urban centers, increasing commute times significantly. Nationally, the average travel time for commuters using public transit is 50 minutes, twice as long as the average commute for those who drive to work. In part, this is due to a longer distance travelled, but it is also due to increased inefficiencies and limitations of public transit systems – especially those farther from city centers, like rural bus routes. This is reflected in the “D” grade that the U.S. public transit system received on the American Infrastructure Report Card (American Society of Civil Engineers (ASCE), 2013; Pew Research Center, 2016; American Community Survey, 2014).

Limited job opportunities: Public transportation systems often do not provide routes that ALICE workers need. Transit agencies often neglect the routes that serve low-income neighborhoods, and routes often do not extend to areas outside cities where new jobs are being created. Even more importantly, in an era of increasingly flexible work scheduling, public transit often does not accommodate jobs that require working early, late, or on weekends (Taylor & Morris, 2015; Criden, 2008).





Additional costs of longer commutes: While public transportation can save on household transportation costs, it often adds other costs to ALICE families in terms of time spent on longer commutes, child care, and time away from work. Long commutes also reduce time for other activities such as exercise, shopping for and cooking healthy food, and community and family involvement (U.S. Department of Housing and Urban Development (HUD), 2014).

BROADER COSTS OF UNAFFORDABLE TRANSPORTATION

Transportation-related “cost-cutting” strategies have consequences not only for ALICE households, but also for the local economy and the wider community:

- **Long commutes reduce worker productivity and state economic competitiveness.** Long commute times increase tardiness and absenteeism rates and can also have a major negative impact on job retention, adding costs to businesses. In addition, congestion from auto commuters adds travel time and costs to the trucking industry, and those costs are then passed on to consumers (Sullivan, 2015; National Economic Council and the President’s Council of Economic Advisers, July 2014).
- **Urban sprawl costs the American economy more than an estimated \$1 trillion annually** as households move farther away from job centers, according to a new study by the New Climate Economy. These costs include greater spending on infrastructure, public service delivery, and transportation. The study finds that those living in the new communities directly bear \$625 billion in extra costs, and all residents and businesses, regardless of where they are located, bear an extra \$400 billion in external costs. In addition, research by Colorado State University found that in Colorado, “dispersed rural residential development costs county governments and schools \$1.65 in service expenditures for every dollar of tax revenue generated.” Looking just at transportation costs, development on the fringes of cities over a 15-year period costs nearly twice as much as redevelopment of inner-city transportation (Trubka, Newman, & Billsborough, 2010; Coyne, 2003; Litman, 2015).

- **Older cars that may need repairs make driving less safe and increase pollution for all**, as does deferring car maintenance. This problem worsened during the Great Recession, which depressed car sales. As a result, cars on the road are older on average, and older cars emit higher levels of harmful emissions (Bishop & Stedman, 2014).
- **Vehicles without insurance increase costs for all motorists**. In 2012, the most recent year for which statistics are available, uninsured motorist claims totaled \$2.6 billion, a 75 percent increase from the previous decade. Those costs, largely borne by insurance companies, are passed on to insured drivers in the form of higher premiums. Uninsured and underinsured motorist coverage adds roughly 8 percent to an average auto premium for the rest of the community (McQueen, 2008; Wiltz, February 20, 2015).
- **Lack of reliable transportation can exacerbate an emergency**. When there is an emergency, such as a child being sick or injured, if an ALICE household does not have reliable transportation, their options are poor – forgo treatment and risk the child’s health, rely on friends or neighbors for transportation, or resort to public specialty transit services or even an ambulance, increasing costs for all taxpayers. Providing non-emergency transportation for health care treatment for those without reliable transportation is also expensive, especially in rural areas (Myers, 2015; Hughes-Cromwick & Wallace, 2006).

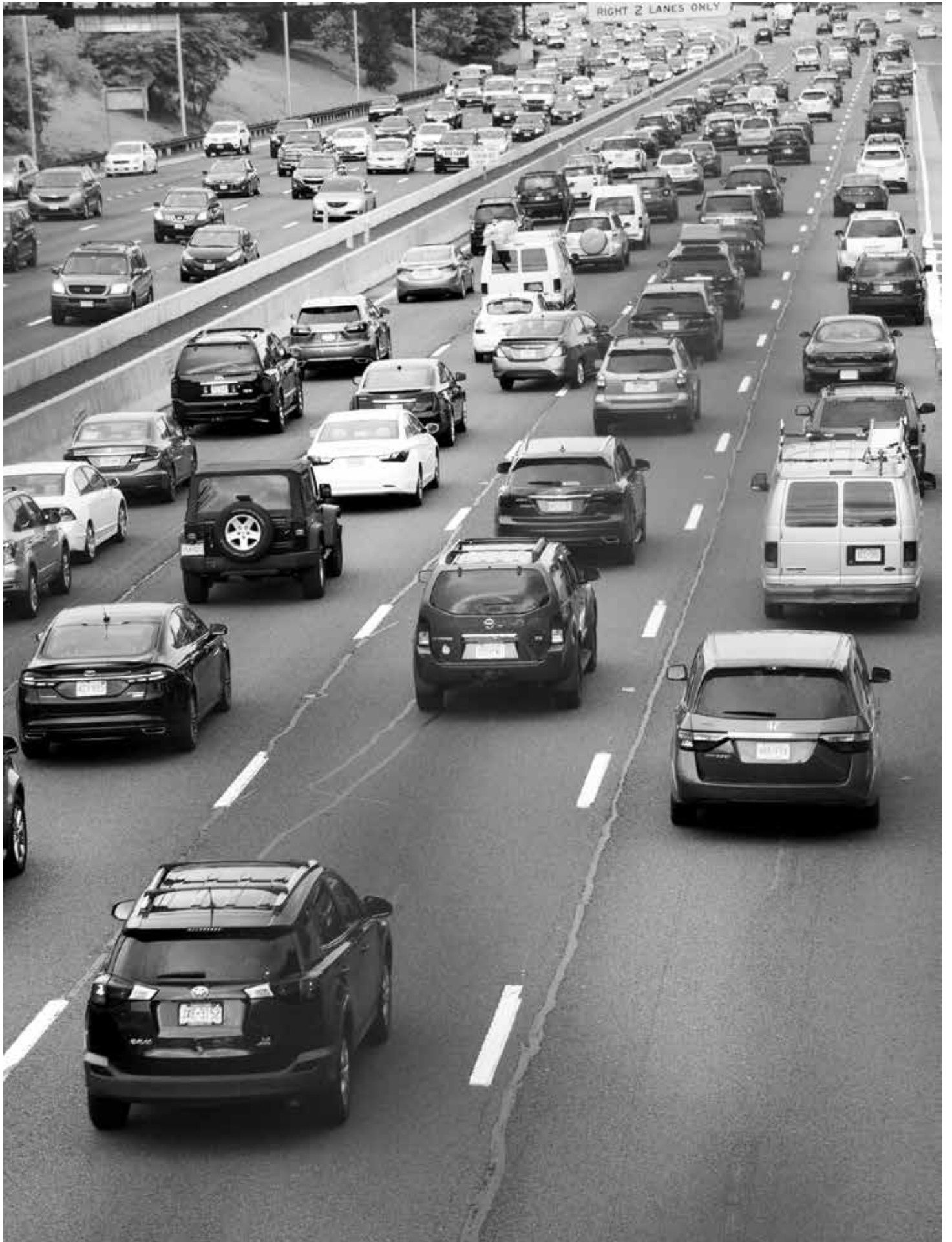
FUTURE TRENDS: TRANSPORTATION FOR ALICE

For ALICE households across the country, housing and transportation are tightly linked, and that linkage can have a significant impact on the household budget. People who live in neighborhoods with convenient access to jobs, services, transit, and amenities have lower transportation costs than those who don’t (Center for Neighborhood Technology, 2003-2016). Commuting long distances will only increase in the coming years as lack of affordable housing persists and pushes people away from employment centers.

Jobs and transportation are also linked. The rising trend of nonstandard and part-time schedules can complicate transportation for ALICE and poverty-level workers, who may be relying on friends or family for rides or using public transportation. Irregular work schedules can make it difficult to get to work on time, or transportation can become cost-prohibitive on less than a full-time work schedule (Vogtman & Tucker, 2017).

Aging transportation contributes to additional costs for ALICE families. Given the size and age of the transportation infrastructure and the growing population in many U.S. states, it will be expensive for states to meet the increasing demand for transportation improvements. Tight state budgets make it difficult to maintain public transportation service and low fares. And without investment in roads and bridges, costs will increase for ALICE auto commuters in terms of both time spent in transit and wear and tear on their vehicles (American Society of Civil Engineers (ASCE), 2013; National Economic Council and the President’s Council of Economic Advisers, July 2014).





HEALTH CARE

ALICE and poverty-level families face a range of circumstances that make it difficult for them to achieve and maintain good health. These

families are more likely

than wealthier families to become ill because their basic needs, such as living in a safe environment or having enough food, are not being met. Because they often cannot afford health care or health insurance, they also have more difficulty recovering from illnesses.

Recent research clearly shows that unmet basic needs – problems such as not having enough food, living in a dilapidated or unheated apartment, or being unemployed and not having the means to support one’s family – lead to poor health. Nonhealth factors account for as much as 50 percent of poor health outcomes in the U.S (Bachrach, Pfister, Wallis, & Lipson, 2014; Berkowitz, et al., 2015; Robert Wood Johnson Foundation, 2011; Remington, Catlin, & Gennuso, 2015).

- **Poor living conditions.** With lower incomes, ALICE families often live in housing and neighborhoods that contribute to poor health.

Many less expensive housing options are located in areas with high levels of violence and crime; a high risk of flooding; high pollution levels; poor and aging infrastructure; or other hazards such as exposure to toxic chemicals, mold, and lead (Bell & Ebisu, 2012; Clark, Millet, & Marshall, 2014; U.S. Department of Housing and Urban Development (HUD), 2016; VanDerslice, 2011).

- **Toxic stress.** State and national research on “toxic stress” has found that living in chronically stressful situations, such as in a dangerous neighborhood or in a family that struggles to afford daily food, damages neurological functioning, which in turn can impede a person’s ability to perform well in school, at work, and in daily life. This is especially true for young children, whose brains may never develop the executive functioning skills needed to succeed in each of these areas. Across the country, adverse childhood experiences (ACEs) are prevalent and are known risk factors for poor health outcomes including depression, risky behaviors, and suicide, in addition to being associated with poorer self-rated health and life satisfaction (Dube, Felitti, Dong, Giles, & Anda, 2003; Mersky, Topitzes, & Reynolds, 2013).

STRATEGIES

What do ALICE and poverty-level households do when they cannot afford health care or health insurance?

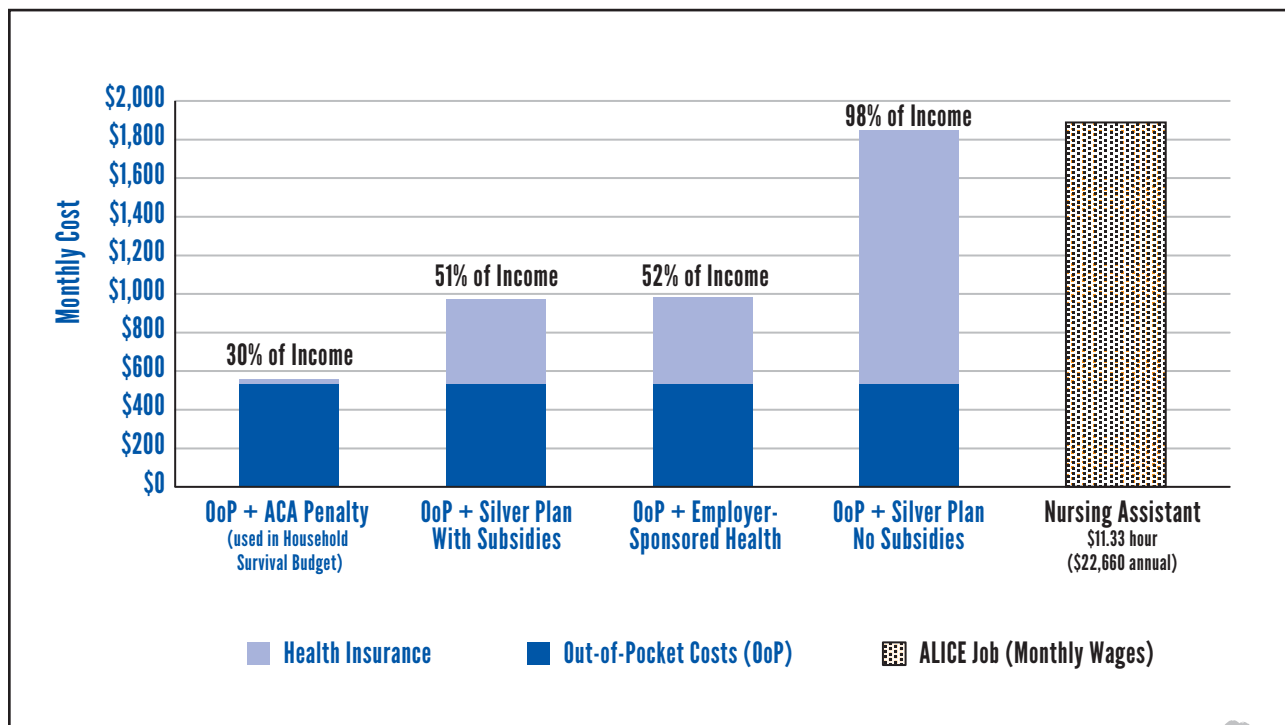
- 1: Forgo Health Care
- 2: Seek Subsidized Insurance Coverage
- 3: Go Without Insurance Coverage
- 4: Buy Minimal Insurance
- 5: Provide Family Caregiving

This section presents the best research available on the hard choices that struggling families are making every day in order to maintain good health or treat health issues, and the consequences of those choices. These are not policy recommendations, but information and analysis that can help stakeholders create the most effective solutions for their communities.

- **Health and financial stability are linked.** Poor health can be both a consequence and a cause of financial instability. Trying to maintain a household with a low income and few assets can lead to mental stress and poor health. And being in poor health can reduce income further while increasing expenses, often causing a downward spiral that forces a family to fall into poverty (Choi, December 2009; Currie, 2011; Federal Reserve, 2014; Zurlo, Yoon, & Kim, 2014; Centers for Disease Control and Prevention (CDC), 2011; Centers for Disease Control and Prevention (CDC), 2014).
- **Poor access to health care.** Low-income families have increased health needs, but it is harder for them to afford and obtain health care than it is for families with higher incomes. Despite both Medicaid and the 2014 rollout of the Affordable Care Act (ACA), the costs of health insurance and health care remain out of reach for many ALICE and poverty-level families. In addition, these families may experience access problems including language and cultural barriers, transportation challenges, and difficulty making work and child care arrangements to accommodate health care appointments (U.S. Senate Committee on Health, Education, Labor & Pensions, 2012).

The gap between how much ALICE families need for health care and what they can afford to spend shows up clearly in Figure 9, which compares four different monthly health care budgets for a family of four to the monthly salary of a full-time employee working as a nursing assistant. More than 2.3 million ALICE workers across the U.S. worked in health care support jobs such as nursing assistants in 2014, earning an average hourly wage of \$11.33, or \$22,660 annually (if full time, year-round) (Bureau of Labor Statistics, 2014).

Figure 9.
Monthly Health Care Costs and Percentage of an ALICE Income, 2014



Source: Bureau of Labor Statistics (BLS), 2014 and 2014a; Agency for Healthcare Research and Quality, 2015

- The ALICE Household Survival Budget is based on the Consumer Expenditure Survey’s nominal out-of-pocket health care spending for the household on medical services, prescription drugs, and medical supplies – a national



average of \$536 per month in 2014 – but it does not include the cost of health insurance. In addition, the Survival Budget includes the Affordable Care Act (ACA) penalty of \$24 per month (\$285 annually) for a family in 2014 – the least expensive legal alternative to premiums and a deductible. The total of \$560 per month represents 30 percent of a nursing assistant’s monthly wages. Out-of-pocket costs are represented in the dark portion of each bar in Figure 9 (Bureau of Labor Statistics, 2014 and 2014a).

- The cost of the premium (\$44 per month) plus deductible (\$372 per month) for the ACA Marketplace Silver Plan with subsidies for a family of four, on top of out-of-pocket health care spending, is \$972 per month – 51 percent of a nursing assistant’s monthly wages (Kaiser Family Foundation, 2015; Rae et al., 2015).
- Private insurance through an employer is another option for some workers. The national average premium for the employee at a private-sector job that offers health insurance and has 50 percent or more low-wage employees is \$446 per month, as recorded by the Medical Expenditure Panel Survey (MEPS). When added to out-of-pocket costs, the total represents 52 percent of a nursing assistant’s monthly wages (Agency for Healthcare Research and Quality, 2015).
- Insurance through the ACA Marketplace Silver Plan for a family of four is much more expensive when subsidies are not available. In fact, the cost for the premium increases to \$932 per month, plus the cost of meeting the deductible, plus out-of-pocket expenses, for a total of \$1,851 – 98 percent of a nursing assistant’s monthly wages (Kaiser Family Foundation, 2015).

Strategy 1: Forgo Health Care

Preventative Health Care. The most common way to try to save on health care costs is to forgo preventative health care, which can mean that a family does not visit a primary care doctor, take regular medication as needed, get vaccinations, eat fresh food, and adhere to other ways of maintaining a healthy lifestyle. For many ALICE households, doctor visits and medications are seen as too expensive. Studies across the country find that having a lower income reduces access to and use of preventative services, and this disparity is true even when a member of the household is working (Cohen, Kirzinger, & Gindi, 2013; Commonwealth Fund, 2013):

- Nationally, children 19 to 35 months old whose families earn below the FPL are significantly less likely to have received all scheduled vaccinations than their higher-income counterparts (66 percent compared to 75 percent) (Centers for Disease Control and Prevention (CDC), 2015).
- Women at or below the FPL are about one-third less likely to receive a mammogram than women in a household at or above 400 percent of the FPL (University of California, Davis, 2015).
- Adults with low incomes are 14 to 26 percent less likely to receive cervical, breast, and prostate cancer screenings, cholesterol screening, and flu vaccinations than adults with higher incomes (Ross, Bernheim, Bradley, Teng, & Gallo, 2007).

Dental Care. Skipping preventative dental care is even more common among ALICE families. Low-income adults are almost twice as likely as higher-income adults not to have had a dental check-up in the previous year. Children are at particularly high risk; fewer than half of low-income children without health insurance receive preventative dental care. These gaps in care have long-term health and financial consequences. A \$48 sealant can block tooth decay for nearly five years, yet only 25 percent of low-income children receive them, leading to untreated decay. The income discrepancy exists for seniors as well: Thirty-five percent

of seniors living in poverty have had a dental visit in the last year, compared to 80 percent of seniors with incomes of \$45,000 or higher (The Pew Charitable Trusts, 2016; Haley, Kenney, & Pelletier, 2008; Russell, 2015; Hinton & Paradise, 2016).

Care for Mental Illness. One in five adults in the U.S. experiences mental illness in a given year, and four percent of adults experience serious mental illness, yet treatment rates remain exceedingly low:

- National data from 2013 shows that fewer than 40 percent of adults who lived with mental illness received treatment. However, this represents an improvement from 2007, when only 17 percent of adults received treatment (National Alliance on Mental Illness, 2015).
- Across the U.S., state government funding for mental health services was cut during and after the Recession, while demand increased. The result has been longer waiting lists for care, less financial assistance to help people with mental illness find housing and jobs, and more people visiting emergency rooms (ERs) for psychiatric care (National Alliance on Mental Illness, 2015; Aron, Honberg, & Duckworth, 2009; Glover, Miller, & Sadowski, 2012).
- Recent national surveys find that 1 in 3 children and adults forgo mental health care because of cost. Even among individuals with private insurance, over half said that cost was the number one reason they do not seek mental health treatment (Center for Behavioral Health Statistics and Quality, 2012; Parity Project, NAMI-New York City Metro, 2003; Mojtabai, 2005; Mental Health America, 2015).



Consequences

More serious health problems: When health issues go untreated, they become more serious and lead to other poor outcomes for ALICE, including reduced school and work attendance and



decreased quality of life. Health issues account for half or more of all school absences, with asthma and poor oral health being the leading causes; others include attention deficit hyperactivity disorder (ADHD), flu and other infections, diabetes, obesity, seizure disorders, mental health issues such as anxiety, and vision problems. Health issues also account for one-third of unscheduled absences from work, having cost the U.S. economy \$84 billion in lost productivity in 2012, according to the Gallup-Healthways Well-Being Index (Balfanz & Byrne, 2012; Attendance Works, 2015; Circadian, 2005; Witters, Liu, & Agrawal, 2013; Witters & Liu, 2013).

Broader consequences of specific health issues: Certain types of health problems can contribute to problems in other areas. Poor oral health, for example, causes pain, can result in poor nutrition,

and increases the risk for diabetes, heart disease, and poor birth outcomes. For children, the list of oral health-related problems also includes altered speech and infection (McCarthy, Radley, & Hayes, 2015; U.S. Senate Committee on Health, Education, Labor & Pensions, 2012).

According to the National Center for Children in Poverty, the social and



After more than 25 years of hard work as an elementary school teacher, Dorothy, of Danbury, Connecticut, never thought she and her husband would not be able to afford to buy food or gas

or to see a doctor that she desperately needed. In 2007, Dorothy was diagnosed with multiple sclerosis (MS), and by 2010, her symptoms were so debilitating that she was forced to go on disability retirement. Four years later, her husband lost his job, and with it, their health insurance. A flare up of the MS led to an extended hospital stay – she was in a medically induced coma for four days. That added to bills that her disability check couldn't cover. "My check covers rent, utilities, and car insurance," Dorothy says. "After that, there is nothing left." Her two daughters, who are in their 20s and live at home, help with food and gas and often pay for her prescriptions, although she has been forced to go without medication for months at a time. With the help of a pro bono financial coach, Dorothy is beginning to restore her credit and is going through a job training program to find work that she can do despite her disability. Her husband found a temporary job and they bought health insurance through the Affordable Care Act, so things are looking up. Yet after all these years of working, she says, "It's not supposed to be this hard."

educational consequences of untreated mental illness in children and teens are severe. Nationally, 44 percent of youth with mental health problems drop out of school; 50 percent of children in the child welfare system have mental health problems; and 67 to 70 percent of youth in the juvenile justice system have a diagnosable mental health disorder (National Alliance on Mental Illness (NAMI), 2015; Stagman & Cooper, 2010). National research also shows that children in low-income households and children of color who have special health care needs have higher rates of mental health problems than their White or higher-income counterparts, yet are less likely to receive mental health services (VanLandeghem & Brach, 2009).

Strategy 2: Seek Subsidized Insurance Coverage

The most preferable option for ALICE and poverty-level families is to get health insurance coverage through an employer or, if that is not available, through Medicaid. More than three-quarters of employees say that the benefits package an employer offers is extremely or very important in their decision to take the job, according to the 2013 Health and Voluntary Workplace Benefits Survey. Yet most jobs where ALICE works – especially in the service industry – do not offer health insurance, although there are some exceptions (Taylor, 2015; Kim, 2014).

Medicaid provides free health care coverage for many households in poverty, and the ACA expanded Medicaid in 31 states plus Washington, D.C. to households with income below 138 percent of the FPL (Garfield, Damico, Stephens, & Rouhani, 2015; Healthcare.gov, 2016). However, many low-income families earn too much to qualify for Medicaid coverage at their state's eligibility levels.

Medicaid makes a difference for the tens of millions of Americans who are eligible. Initial reports on the impact of the ACA – including the Medicaid expansion, the implementation of the Health Insurance Marketplace, and subsidies to cover premiums – show a substantial reduction in the number of uninsured Americans. Uninsured rates dropped more in Medicaid expansion states (7.8 percentage points) than in nonexpansion states (6.3 percentage points) from 2013 to 2015 (Kaiser Commission on Medicaid and the Uninsured, 2012; Garfield, Damico, Stephens, & Rouhani, 2015; Skopec, Kenney, & Zuckerman, 2016).



Consequences

Difficulty finding employer-sponsored health insurance coverage at low-wage jobs: More than half of nonelderly people (56 percent) were covered by employer-sponsored health insurance in 2015, down from 67 percent in 1999. However, rates vary greatly by income. In households earning 100 to 250 percent of the FPL, the percentage of individuals with employer-sponsored health insurance is 38 percent, falling from 47 percent in 2004; but in households earning over 400 percent of the FPL, the percentage has remained above 80 percent (Long, Rae, Claxton, & Damico, 2016; Kaiser Family Foundation, 2015).

Loss of Medicaid's broader benefits: Workers not eligible for Medicaid use health care less and also have poorer financial outcomes. Studies such as the Oregon Health Insurance Experiment have found that having Medicaid coverage increased use of health care services, improved rates of depression and financial strain, and “virtually eliminated catastrophic out-of-pocket medical expenditures” (Baicker & Finkelstein, 2014). Preliminary studies show that states that expanded Medicaid found improvements on several measures including preventative care, care for chronic conditions, and self-reported health. Because Medicaid does not address the underlying social determinants of health, however, its ability to create significant improvement in health outcomes may be limited (Sommers, Blendon, & Orav, October 2016).

Skewed employment decisions: With the high cost of health insurance, many individuals – especially workers who have a major illness in the family – weigh the value of insurance coverage against work opportunities, including career advancement and working conditions. And workers on Medicaid, especially those close to the eligibility limit, often do not seek additional work so as to retain their Medicaid coverage (Dague, DeLeire, & Leininger, 2014; Sloan & Hsieh, 2017).

Strategy 3: Go Without Insurance Coverage

Another way to save on health care costs is to go without health insurance. According to the Kaiser Family Foundation, 10 percent of the total U.S. population under 65 years old did not have health insurance in 2015, but for those with income below 200 percent of the FPL (roughly below the ALICE Threshold), the rate of uninsured was 17 percent (McCarthy, Radley, & Hayes, 2015; U.S. Census Bureau, 2015).

Of those families without insurance in 2016, 57 percent were not eligible for any type of financial assistance to obtain coverage. These families have to either go without or buy less insurance coverage than they need. Of the remaining 43 percent (11.7 million people), more than half were adults or children who were eligible for Medicaid or CHIP but had not enrolled. In addition, 5.3 million people were eligible for premium tax credits (Kaiser Family Foundation, 2016).

While the ACA has significantly reduced the number of uninsured, health insurance is still too expensive for many people, with low-income and non-White households being disproportionately uninsured. The uninsured rate for low-income adults was 21 percent at the end of 2016 (compared to 31 percent at the end of 2013), and the rate for Hispanics was 27 percent (compared to 39 percent at the end of 2013). By comparison, the uninsured rate for high-income adults was 3 percent and for White Americans was 7 percent at the end of 2016. Cost is the primary reason adults do not have insurance; 46 percent of uninsured adults in a 2016



survey said cost was the primary reason they did not purchase coverage. Of uninsured households, 74 percent had at least one full-time worker (Schmitt, January 2012; Kaiser Commission on Medicaid and the Uninsured, 2016; Federal Reserve, 2014).

For ALICE workers earning above the FPL but not making enough to meet all of their basic needs, the ACA health plans may not be economical, especially when incorporating the high deductibles of the most affordable plans. The ADP Research Institute estimates that people are more likely to buy health insurance if they earn more than \$45,000 per year, even when incorporating government subsidies. Initial research on the first wave of enrollment shows that **families with income between 138 percent and 400 percent of the FPL (roughly \$20,000 to \$45,000 per year) have a lower rate of purchasing health insurance.** Subsequently, these families have a higher rate of opting to pay the penalty for remaining uninsured (\$325 per year for a single adult and \$975 for a family of four in 2015). About 5 percent of these families pay the penalty compared to an estimated 2 to 4 percent of higher-income families who pay the penalty (ADP Research Institute, 2014; Koskinen, 2015; Viebeck, 2015).

Even ALICE families covered by Medicare or Medicaid often lack insurance coverage for specialty health issues such as dental, vision, and medical management programs (for chronic needs like weight management, back pain, and diabetes). **Dental benefits** are not covered by most private health insurance packages or Medicare, and Medicaid coverage is restricted in most states, offering no coverage for teeth cleaning or preventative care. In 2014, 36 percent of Americans did not have dental insurance (including children and seniors). Rates vary by income: In 2009, only 11 percent of nonelderly adults in poverty had dental insurance, compared to 27 percent of those earning between 100 and 199 percent of the FPL and 66 percent of people earning above 200 percent of the FPL (National Association of Dental Plans, 2014; Medicare, 2016; Hinton & Paradise, 2016).

Vision benefits are also limited in most private health plans and Medicaid, even though more than one-quarter of the adult population had a vision problem in 2016. Medicare does not cover routine eye exams, eyeglasses, and contact lenses, despite the fact that the risk of vision impairment increases with age. The ACA and Medicaid cover pediatric eye care, and Medicare and Medicaid cover medically necessary surgical procedures, including cataract surgery (Medicare, 2016; Healthcare.gov, 2016; National Eye Institute, 2010; National Eye Institute, 2016; Kaiser Family Foundation, 2015; U.S. Government Accountability Office (U.S. GAO), July 2015).



Consequences

Reduced health care and poor health outcomes: Without health insurance, patients wait until an illness is advanced and pain is unbearable before they seek medical care. It is at that point that many people go to the ER for help because they are in crisis and have no other options. This is especially true for those covered by Medicare and Medicaid who have dental and vision issues. Because coverage only allows care delivered in the hospital, they are forced to wait until they need emergency care or complicated procedures (Medicare, 2016; Healthcare.gov, 2016).

According to recent studies, having a low income is the most important cause of avoidable hospital use and costs. Indeed, many people use the ER for everyday illnesses. Eighty-seven percent of ER visits are not serious enough to require hospital admission; and in a sample of patients who went to the ER in 2011 but were not admitted, 80 percent visited because of lack of access to another provider (Centers for Disease Control and Prevention (CDC), 2011; DeLia & Lloyd, 2014; Heisler, et al., 2004; Piette, Rosland, Silveira, Hayward, & McHorney, 2011; Kaiser Family Foundation; Centers for Disease Control and Prevention (CDC), 2016).

In terms of oral health, people without dental benefits visit the dentist less frequently, missing the opportunity for prevention and early treatment, which makes them more likely to need more aggressive treatments such as extractions and dentures. Furthermore, those without dental benefits report higher rates of other illnesses including heart disease, osteoporosis, and diabetes (National Association of Dental Plans, 2014).

Medical debt: Without health insurance, treatment for any health problem becomes the responsibility of the individual. Insurance status is highly correlated with medical bill difficulties, with over half (53 percent) of the uninsured struggling to pay household medical bills in the past year, according to a 2015 Kaiser Family Foundation survey. The consequences of medical debt can be severe. People with unaffordable medical bills report higher rates of other problems – including depleted savings, difficulty affording housing and other basic necessities, credit card debt, bankruptcy, damaged credit ratings, and barriers to accessing further health care (The Commonwealth Fund, 2015; Pollitz, Cox, Lucia, & Keith, 2014; McElwee, 2016; Hamel L., et al., 2016).

Strategy 4: Buy Minimal Insurance

Due to the ACA's legal requirement of purchasing health insurance, many ALICE households now have coverage. But because of the high cost of health insurance, they often choose the lowest-cost option that provides minimal coverage. As a result, there is a rise in the number of *underinsured* households – those who spend more than 10 percent of their household income per year on health care expenses not covered by their insurance (excluding premiums) (The Commonwealth Fund, 2015).

Compounding the problem of underinsurance is the overall financial precariousness of American households. According to a 2015 Kaiser Family Foundation report, only 44 percent of respondents could pay a \$500 health care bill without borrowing, and only 26 percent could manage to do so for a \$1,500 bill (Hamel, Norton, Levitt, Claxton, & Brodie, 2015).



Consequences

Less health care: High deductibles are associated with lower use of primary care services: Those with deductibles above 5 percent of their income are less likely to access preventative medicine than households with lower deductibles (The Commonwealth Fund, 2015; Robert Wood Johnson Foundation, 2016).

Medical debt: Even with insurance, not all medical expenses are covered, especially under the least expensive insurance policies. In 2015, 62 percent of those with household medical debt were covered by health insurance, according to the Kaiser Family Foundation. As outlined above, people with medical debt report higher rates of other financial problems, as well as barriers to accessing further health care (The Commonwealth Fund, 2015; Pollitz, Cox, Lucia, & Keith, 2014; McElwee, 2016; Hamel L., et al., 2016).

Strategy 5: Provide Family Caregiving

Caring for a sick or elderly family member or someone living with a disability is one way of saving money, but it can end up taking a physical, mental, and financial toll on caregivers. A 2015 national AARP survey among registered voters age 40 and older found that 40 million of them are providing unpaid care for an adult loved one who is ill, frail, elderly, or has a physical or mental disability. About two-thirds of those caregivers

had to use their own money or modify their work schedules in order to provide this care, and 64 percent experienced increased stress as a result (Bonner, 2015).

National estimates of the number of caregivers vary, ranging from 9.4 percent of the adult population (in a 2014 RAND Corporation survey) to 18.2 percent (in a 2015 AARP survey) to 23 percent of workers and 16 percent of retirees (in the Employee Benefit Research Institute's 2015 Retirement Confidence Survey) (AARP Public Policy Institute, 2015; Helman, Copeland, & VanDerhei, 2015; Ramchand, et al., 2014).

While families of all income levels may choose to care for family members themselves, many ALICE caregivers are forced into the role because they cannot afford to hire outside care. Half of caregivers report that they had no choice in taking on their caregiving responsibilities, and almost half of caregivers (47 percent) report household income of less than \$50,000 per year (AARP Public Policy Institute, 2015).



Consequences

Family caregiving has significant value; the presence of an informal caregiver can improve well-being and recovery and defray medical care and institutionalization costs. Yet caregiving is also costly for families in several ways:

Added direct costs: A recent AARP report found that family



Michael Lavergne was one class short of graduating from the University of Louisiana, with a focus on Creole history and music, when his mother was diagnosed with end stage cancer. He had no choice but to withdraw from college and take care of her, which derailed him from his goals and career track. Lavergne fell behind on his bills and defaulted on his school loans. He eventually took a job in a restaurant, but his waiter income fluctuates with the ups and downs of the local economy. When his roommate lost his job last year, they had to give up the house they were renting, and he moved in with his sister's family. "Moving back in with family was humbling, but I am grateful to have a place to go," he says. "I need \$2,000 to go back and finish my degree. I feel like that \$2,000 is standing between me and so many better job opportunities."

Photo courtesy of United Way

caregivers of all ages spent an average of \$6,954 each in out-of-pocket caregiving costs in 2016. Caregivers earning less than \$32,500 are under significant financial strain, spending an average of 44 percent of their annual income on caregiving. Caregivers report dipping into savings, cutting back on personal spending, saving less for retirement, or taking out loans to make ends meet (Rainville, Skufca, & Mehegan, 2016).

Lost income due to decreased hours or loss of a job: Nationally, 18 percent of caregivers report experiencing extreme financial strain as a result of providing care (4 or 5 on a 5-point scale), and another 20 percent report moderate financial strain. For the 60 percent of caregivers who are working, caregiving is costly in the time it takes away from employment. Six in 10 caregivers report having experienced at least one impact or change to their employment situation as a result of caregiving, such as cutting back on their working hours, taking a leave of absence, or receiving a warning about performance or attendance (AARP Public Policy Institute, 2015).

A 2010 MetLife Mature Market Institute study quantified the opportunity cost for adult children caring for their elderly parents. For women, who are more likely to provide basic care, the total per-person amount of lost wages due to leaving the labor force early and/or reducing work hours because of caregiving responsibilities was on average \$142,693 over the care period. The estimated impact of caregiving in lost Social Security benefits was \$131,351, and a very conservative estimate for reduced pensions was approximately \$50,000. **In total, nationally, the cost impact of caregiving on an individual female caregiver in terms of lost wages and retirement benefits was \$324,044** (MetLife Mature Market Institute, 2010).

Mental and physical strain on the caregiver: According to an AARP survey, 19 percent of caregivers report a high level of physical strain resulting from caregiving, and 38 percent consider their caregiving situation to be emotionally stressful. The challenges increase with the patient's type and severity of illness as well as the resources available to the caregiver. Some caregivers, such as those caring for veterans or people with an acute injury, are thrust into the situation suddenly, while



others, such as caregivers of elderly people with dementia, face a long, gradually declining situation (AARP Public Policy Institute, 2015; Ramchand, et al., 2014; Tanielian, et al., 2013).

BROADER COSTS OF UNAFFORDABLE HEALTH CARE

When ALICE households forgo health care and insurance in an attempt to save money, their health and household finances suffer, but there are effects on the broader community as well:

- **When regular in-office care is hard to access, families often turn to the ER, where the cost of treatment increases significantly for them or, if they cannot pay, for the state.** Households that go without preventative care and health insurance are more likely to use the ER for non-emergency care than less costly doctor's offices or even urgent care clinics. The consequences of greater ER use for the wider community include longer wait times in ERs as well as increases in health insurance premiums, costs of charity care, and hospital community assistance (Bureau of Labor Statistics (BLS), 2010; Kaiser Family Foundation and Health Research and Educational Trust, 2011).
- **Families who don't have routine dental care also rely on the ER for treatment.** The number of ER visits for dental conditions in the U.S. doubled from 2000 to 2012, and it continues to rise as the number of dental office visits declines. In 2012, ER dental visits cost the U.S. health care system \$1.6 billion, with an average cost of \$749 per visit. Up to 79 percent of ER dental visits could be diverted to more cost-efficient community settings. For example, an analysis in Maryland estimated that the state Medicaid program could save up to \$4 million each year through these types of diversion programs (Wall & Vujicic, 2015).
- **Without regular preventative care and coverage, people are more likely to develop chronic health conditions.** Preventable chronic diseases now account for 86 percent of U.S. health care costs and affect 50 percent of Americans (Centers for Disease Control and Prevention (CDC), 2015; Ward, Schiller, & Goodman, 2014).
- **Untreated mental health and substance abuse issues shift problems to other areas.** These issues increase ER costs, increase acute care costs, and add to caseloads in the criminal justice, juvenile justice, and corrections systems, as well as increasing the costs of assisting the homeless and the unemployed. Untreated or improperly treated mental illness also costs employees lost wages for absenteeism, and companies feel the cost in decreased productivity. A National Alliance on Mental Illness study estimated that the annual cost to employers for mental-health absenteeism ranged from \$10,000 for small organizations to over \$3 million for large organizations (Harvard Medical School, February 2010; Parity Project, NAMI-New York City Metro, 2003). On the other hand, nationally, each \$1 spent on substance abuse treatment saves \$7 in future health care spending (Glover, Miller, & Sadowski, 2012).
- **Family caregiving exacts a toll on the broader economy.** Family caregiving offers substantial health care savings, since it is much less expensive than hospital care or a nursing home. But it incurs significant costs for employers. The dollar value of the informal care that family and friends provide for older Americans totals an estimated \$522 billion a year – more than total Medicaid spending (\$449 billion in 2014). Replacing that care with unskilled paid care at minimum wage would cost \$221 billion, while replacing it with skilled nursing care would cost \$642 billion annually. Because most caregivers are employed, family caregiving for the elderly costs employers approximately \$13.4 billion in excess health care spending each year on employees who are caregivers, due to the toll that caregiving takes on the caregiver's own health. In addition, an analysis of the Gallup Well-Being survey found that the



lost productivity due to absenteeism among full- and part-time caregivers cost the U.S. economy more than \$28 billion in 2010 (Chari, Engberg, Ray, & Mehrotra, 2015; MetLife Mature Market Institute, 2010; Witters D., 2011).

- **Finally, having a significant portion of a population vulnerable to poor health perpetuates the most fundamental forms of inequality.** While life expectancy has increased for Blacks and the low-income population, rates are still below those for wealthy Whites, and stark disparities remain. The gap in life expectancy is as much as 30 years between the richest and poorest U.S. counties (Powell, 2016).

FUTURE TRENDS: HEALTH CARE FOR ALICE FAMILIES

The trend for low-income households to have poorer overall health than higher-income households will increase as health care and healthy food costs rise and the U.S. population ages. Five overall trends will impact health care for ALICE and poverty-level families in the future: groups who may persistently lack insurance; the future of the ACA; doctor shortages; increased demand for caregivers; and the ongoing challenges of meeting basic needs.

Despite gains, there remains a small population that persistently lacks insurance. New research from the Harvard School of Public Health shows that health insurance coverage not only makes a difference in health outcomes, but also decreases financial strain (Baicker & Finkelstein, 2011). While the number of uninsured has fallen significantly in the last five years, there are three groups of people that did not benefit from the drop and that may continue to face persistent problems with lack of insurance:

- **In many of the 19 states without Medicaid expansion, people who earn less than the FPL may still not qualify for state Medicaid requirements** due to extremely strict state Medicaid eligibility requirements (Garfield, Damico, Stephens, & Rouhani, 2015; Skopec, Kenney, & Zuckerman, 2016).
- **In the states without Medicaid expansion, 2.6 million people fall into the “Coverage Gap” that exists between the Medicaid eligibility threshold (often far below the FPL in those states) and**

the minimum income required to receive an ACA premium subsidy. Of these, 62 percent are in a working family and 54 percent are people of color. Most people in this category (77 percent) are adults without dependent children (Kaiser Commission on Medicaid and the Uninsured, 2016; Garfield, Damico, Stephens, & Rouhani, 2015; Skopec, Kenney, & Zuckerman, 2016).

- **Hispanics have the highest rates of being uninsured among all U.S. ethnic groups,** despite significant gains in coverage rates under the ACA. Common barriers to Hispanics acquiring health insurance include affordability, immigration status, and language barriers (National Council of La Raza, 2014; Perez, 2016; Centers for Disease Control and Prevention (CDC), 2014).

The full impact of the ACA is not yet clear, nor is its long-term future. The ACA could improve health care in several ways – first and foremost, by continuing to expand coverage through the Marketplace and the Medicaid expansion (in those states which participated). The ACA rollout has increased the number of Community Health Centers, which treated 1 in 12 U.S. residents and almost 1 in 6 Medicaid enrollees in 2015. The ACA could also benefit low-income families, especially those who are non-English-speaking, by continuing to make health care available in multiple languages in order to diminish language-based barriers to care, and by continuing to increase the role of hospitals and nonprofits in health education (Paradise, et al., 2017).

A U.S. population that is increasingly insured and is aging will boost the demand for doctors, stretching a system that already faces shortages in many areas. Just to maintain current rates of utilization, demand for physicians was projected to grow by 17 percent nationally from 2013 to 2025, with expected demand to exceed supply by at least 46,000 physicians by 2025. This includes a shortage of at least 12,500 primary care physicians (PCPs) and at least 28,000 non-PCPs (Association of American Medical Colleges, 2015).

Finding doctors to treat ALICE and poverty-level families may be even more difficult in the coming years. There are 6,450 primary care Health Professional Shortage Areas (HPSAs) in the U.S., with only 58 percent



of need being met. There is a wide range of coverage across the country: Connecticut has the largest PCP shortage, with only 13 percent of need being met, while Delaware has the smallest shortage, with 94 percent of need being met. Across the country, on average, only 48 percent of mental health care need is being met, and 39 percent of dental care need (Kaiser Family Foundation, 2016).

The availability of primary care is especially important for prevention and cost-effective treatment. People without a usual source of care are more likely to rely on ERs for care, which results in lower quality of health in the short term and more complicated health issues and increased costs over the long term (Liaw, Petterson, Rabin, & Bazemore, 2014).

The primary care shortage is a particular problem for low-income Americans, especially in rural areas, for two reasons:

1. **Many PCPs are unwilling to accept Medicaid patients due to low reimbursement rates**, though that has lessened to some degree since 2014, when Medicaid reimbursement rates were increased to equal Medicare rates. However, even Medicare patients, especially new patients, have challenges finding doctors. This trend will likely increase in the future as many of the physicians with the largest caseloads of Medicare patients retire; one-third of PCPs have at least half of their patients on Medicare, and these doctors are disproportionately older (Polsky, et al., 2015; Decker, 2013; Boccuti, Fields, Casillas, & Hamel, 2015).
2. **Rural areas have far fewer doctors per patient than urban areas**, and rural residents already often have difficulty reaching providers because of long distances to medical facilities (National Rural Health Association, 2017).

Demand for unpaid family caregivers is increasing as seniors age and as the U.S. health care system increasingly relies on family members or other caregivers to perform medical and nursing tasks that were once provided only in hospitals. However, the number of caregivers available is decreasing due to a variety of trends including more women in the workforce, fewer children and delayed childbearing, and an increase in divorce rates. Traditional caregivers – spouses and children – have competing demands that make it harder for them to provide care, especially the demands of work and child care. There is already evidence that the number of caregiving hours is increasing, but the number of caregivers has remained flat (AARP Public Policy Institute, 2015; Scommegna, 2016; Reinhard, Levine, & Samis, 2012). Without caregivers, many seniors in poor health will not receive adequate care, which will lead to deterioration of their health status and a reduction in their quality of life.

Having basic needs met is the strongest predictor of better health for ALICE and poverty-level families. The interconnectedness of health and basic needs highlights the importance not only of basic health services and broad insurance coverage, but also of healthy communities and lifestyles. This includes affordable access to fresh produce and other healthy foods; neighborhoods planned to include parks, playgrounds, and other activity spaces; quality education options from pre-K through college; and safe, affordable housing. Initiatives like these require work both within and beyond the health care sector, and this work is time-consuming, expensive, and often slow to happen (Lavizzo-Mourey, 2015; Alonzo L. Plough, 2014; Solomon, 2016). Factors including state and federal budgets, political will, awareness of return on investment, and the willingness of various sectors to collaborate will affect whether or not these types of initiatives move forward.





NOTICE



AVISO



Ritter 204
by MIDMARK



TAXES



While headlines often feature low-income households receiving government assistance, the United Way ALICE Reports show that ALICE households contribute to our

economy by working, buying goods and services – and paying taxes. There is some tax relief for seniors and the lowest-income earners, but most ALICE households pay about 22 percent of what they earn in income, property, and wage taxes. However, when households cannot afford to pay their taxes, they increase the cost for other taxpayers. They also incur the risk of being audited and paying fines and interest in addition to the original amount due.

In the U.S. there are myriad taxes, some regressive (the less a household earns, the higher the share of their income they pay in taxes), and others progressive (the more a household earns, the higher the share they pay). According to a new report, after incorporating all income and taxes over a lifetime, the net effect of taxation is a reduction in wealth inequality, but the amounts different income groups can spend – that is, the value of benefits gained minus taxes paid – over a lifetime remain extremely unequal (Auerbach, Kotlikoff, & Koehler, 2016).

Taxes are more burdensome to low-income families, who on average pay a higher percentage of their income in taxes than the top income earners, according to the Institute on Taxation and Economic Policy. Only very low-income households – those earning less than \$20,000 per year for a couple or \$10,000 per year for an individual (below the Federal Poverty Level) – are not required to file a tax return (Internal Revenue Service, 2014a).

- **Federal income taxes:** The lowest income quintile pays more than 10 percent in income tax, while the highest income quintile pays less than 8 percent, after federal deductions.
- **Payroll taxes:** People in the lowest income quintile pay more than 8 percent of their income, while those in the highest income quintile pay less than 6 percent of their income.
- **State sales and excise taxes:** These are the most regressive taxes, with the lowest income group on average paying almost 8 percent of their income, while those in the highest income quintile pay less than 3 percent.

STRATEGIES

What do ALICE households do when they cannot afford to pay their taxes?

- 1: Seek Tax Credits
- 2: Avoid Paying Taxes

This section presents the best research available on the hard choices that struggling families are making every day when they do not have enough money to pay their taxes, and the consequences of those choices. These are not policy recommendations, but information and analysis that can help stakeholders create the most effective solutions for their communities.

In the states with the most regressive taxes – Washington, Florida, Texas, and South Dakota – the rates for the bottom 20 percent of the income scale are six times higher than for the top 1 percent (Marr & Huang, 2012; Institute on Taxation and Economic Policy (ITEP), 2015).

There is no sales tax on most items in the Household Survival Budget (housing, food, child care, and health care). However, ALICE pays the state sales tax on goods outside the budget. In terms of property tax, because the Household Survival Budget is based on the cost of renting, there is no property tax in the tax portion of the budget. However, property taxes are passed on to renters in the form of higher rents, and property taxes can be an issue for ALICE homeowners.



Strategy 1: Seek Tax Credits

Tax credits and free tax preparation make a difference for many ALICE and poverty-level households. The most common credits, the Earned Income Tax Credit (EITC) and the Child Tax Credit (CTC), provide relief primarily for the lowest-income earners with children. Workers must be informed and able to complete the necessary forms in order to receive these credits. The credits are less available for other types of households – those with slightly higher-income earners, and those who cannot access or fully comprehend the tax reporting system.

The credits encourage work, with little or no effect on the number of hours worked, and they supplement the wages of low-paid workers. Many taxpayers (married or single) with qualifying children experience a reduction in poverty rates due to the EITC and CTC. For taxpayers with the lowest income, the two credits together more than offset income and payroll taxes to raise living standards (Marr, 2015; Center on Budget and Policy Priorities, 2016).

Though very helpful for those who receive them, these credits are, in fact, relatively small amounts. Across the 15 states with United Way ALICE Reports, the average EITC amount in 2014 ranged from \$2,079 in Oregon to \$2,720



Lynette, a single working mother, can't wait to file her taxes each year. The sooner she files, the sooner her refund arrives. Lynette, a full-time clerk at a local police department, counts on that money to keep her family afloat, covering basics her paycheck cannot. The refund – in the thousands – means her two young children can also access quality educational experiences that otherwise would be out of reach. While she's working full time, her children can attend afterschool programs and summer camp, expanding their horizons and giving her peace of mind. “Without that refund, I

can't survive,” she says. Lynette's refund is boosted significantly by receiving critical tax credits such as the Earned Income Tax Credit (EITC) and the Child Tax Credit. According to the IRS, one-in-five households in the United States eligible for the Earned Income Tax Credit does not claim it, leaving an estimated \$1 billion unclaimed.

Photo courtesy of United Way



in Louisiana. For comparison, these amounts are significantly less than credits and deductions received by higher-income households. The mortgage tax deduction for households earning \$100,000 to \$200,000 was \$9,315 in Oregon and \$7,970 in Louisiana, and deductions are even larger for those with higher incomes (Internal Revenue Service, 2014; Internal Revenue Service, 2014b).

EITC primarily helps those with the lowest incomes. Across the 15 states with United Way ALICE Reports, the median adjusted gross income of EITC filers ranged from \$13,110 in Michigan to \$15,126 in Idaho and Iowa. By comparison, the average Household Survival Budget for a family of four was \$54,564 in Michigan, \$47,676 in Idaho, and \$46,020 in Iowa. These tax credits help families move above the FPL, but not to financial stability (Marr, Huang, Sherman, & Debot, 2015; Hungerford & Thiess, 2013; Brookings Institution, 2016; United Way *ALICE Project*, 2016).



Consequences

Missed tax savings: ALICE and poverty-level households often miss out on tax saving opportunities. Those who are eligible must also be aware of the credits, fill out the appropriate tax forms, and submit the required documentation. For many, this is a daunting task, and particularly so for people with low English fluency or without internet access. Many households are not eligible for tax credits; EITC and CTC are aimed at families with children, yet in today's society, families with

children under the age of 18 make up only one-third of households in most states. For taxpayers eligible for the EITC with no qualifying children, the credit does little to offset income and payroll taxes. As a result, they often pay a higher rate of taxes than wealthier households (Internal Revenue Service, 2014; American Community Survey, 2014).

High rates for tax preparation: Receiving tax credits depends on filling out tax forms correctly. Free tax preparation assistance is available in many locations, yet some workers either are not aware of this service or tend not to trust it. For example, according to a 2015 report to Congress, 60 percent of all Hispanic taxpayers use unregulated return preparers rather than an attorney, certified public accountant, or enrolled agent, compared to 18 percent of all U.S. taxpayers. Because unregulated preparers don't need to meet minimum standards for competency and ethics, their clients run the risk of having their returns prepared incorrectly and paying exorbitant fees (Internal Revenue Service, Taxpayer Advocate Service, 2015a; Internal Revenue Service, 2015a; Internal Revenue Service, Taxpayer Advocate Service, 2015b).

Strategy 2: Avoid Paying Taxes

With the rise of the “gig” economy, there are more opportunities than ever before to earn income “off the books” and avoid paying income taxes. While this is not a new option, it has become much more common in the last decade with the advent of on-demand apps such as Uber, Etsy, and Airbnb. There are millions of service providers and sellers working and earning income in the on-demand platform economy, with an average monthly income ranging from \$314 to \$533. This income is not readily identifiable by government tax authorities (Bruckner, 2016; Morse, Karlinsky, & Bankman, 2009).

Even on-the-books freelance and contract workers, whose numbers are also growing, sometimes try to delay or avoid paying taxes. While income and payroll taxes are automatically taken out of a salaried worker's paycheck, contract and freelance workers are left to make tax payments themselves, typically as estimated quarterly taxes. These workers may delay or decide against paying quarterly taxes in order to keep more of



their income. The misreporting of individual business income and related self-employment taxes accounts for more than 42 percent (\$194 billion) of the taxes owed in a given year that are not paid voluntarily and in a timely manner (Bruckner, 2016).



Consequences

Short- and long-term financial penalties: Late payment, nonpayment, or mistakes or misrepresentations on tax forms all carry financial penalties. When taxpayers are audited by the IRS, they take on additional costs including hiring a skilled tax preparation professional, paying fees, and paying interest on taxes owed, dating from the day their return was due. Accidental or deliberate mistakes on tax forms can carry penalties of between 20 and 40 percent of the amount by which taxes were underestimated. In addition, unpaid taxes can damage one's credit score. Tax evasion, or refusal to pay taxes, is a felony carrying up to a five-year prison sentence and/or fines of up to \$250,000 (Lorette, 2016; Internal Revenue Service, 2016; Internal Revenue Service, 2016a; Lazarony, 2016).

Lack of financial protections in contract and freelance work: Tax avoidance in some cases may increase the attraction of contract and freelance work, moving more workers into arrangements that lack standard supports and protections such as disability insurance or workplace safety regulations. The absence of those protections can leave workers susceptible to other problems in the future (Johnson, 2016; Strom & Schmitt, 2016).

BROADER COSTS OF UNPAID TAXES

When ALICE workers cannot pay their taxes, not only do they face a range of penalties, but the wider community must cover the monetary gap. According to the Government Accountability Office (U.S. GAO), at the end of fiscal year 2011, individuals owed a total of \$258 billion in federal unpaid tax debts. When taxes go unpaid, the rest of the community must pay more to cover both the shortfall and the cost of collection efforts (U.S. Government Accountability Office (U.S. GAO), 2012; Bruckner, 2016).

FUTURE TRENDS: TAXING ALICE FAMILIES

Besides the cost of household basics and the level of current wages, the tax code is another factor in the evaluation of economic inequality. According to the Federal Reserve, federal taxes help make after-tax income more equal, while state taxes make it less equal (Institute on Taxation and Economic Policy (ITEP), 2015). Reductions in state tax rates – for income tax, sales tax, or payroll taxes – could increase the income ALICE families have to afford the basic Household Survival Budget. In addition, **changes in the tax structure could reduce inequality between income groups.**

The opportunity to avoid paying taxes will increase as the gig economy grows. More than 2.5 million U.S. taxpayers are participating in the on-demand platform economy every year, and that number is set to more than double in the next few years. As family budgets get tighter, there will also be pressure to cut corners where possible. A tax code and enforcement system not designed to capture these tax liabilities will make it easier for workers to avoid taxes in the future (Bruckner, 2016).



Payroll & Tax Services 973

FAST TAX REFUNDS

GET YOUR TAXES DONE
WITH NO UP-FRONT FEES

DIVORCE \$299
SE HABLA ESPAÑOL
Plus court fees
Spouse signature **NOT** needed
Payment Plan Available

VISA

File You
Life is a little easier with EITC
Fast & EITC

CONCLUSION: SUMMARY

ALICE households live in every town and county throughout the states included in the United Way *ALICE Project*. The research shows that ALICE households are made up of men and women of all races and ethnicities, young and old, living in urban, suburban, and rural areas.

What also emerged from the research was a pattern of coping strategies that families employ when they do not have enough income or assistance to afford basic necessities. When looked at as a whole, these strategies tell us a great deal about the problems in our communities, and the challenges that families and communities face in developing solutions:



- Most obviously, **the extent of hardship – with 40 percent of households earning below the ALICE Threshold – means that millions of families are being forced to make difficult choices and risky trade-offs on a day-to-day basis.**
- **The struggle, the risks, and those difficult choices are stressful and taxing for these families, their employers, and their communities.** These situations lead not to advancement, but to worse outcomes. And not being able to support one’s family even with hard work causes frustration and increasing distress.
- **The problems are complicated and interwoven.** Inadequate housing, child care, food, transportation, and health care create safety risks and health risks to all members of a community, not just ALICE.

For solutions to be effective, they must be as comprehensive and interconnected as the problems are. Siloed solutions do not work. Policy makers should consider the following:

- **Jobs.** Higher wages, more hours, or both would mean more ALICE workers could better support their families and be more engaged in their communities. The means to achieve higher wages range from raises in current jobs to new job opportunities, which may require training in new skills. Additional work hours may also demand different work schedules, better transportation, or additional child care to support increased productivity.

- **Assistance.** Public and nonprofit assistance – especially child care assistance, EITC, SNAP, Medicaid, SSI, and TANF – already makes a big difference for many ALICE and poverty-level families. There are limits to the effectiveness of assistance, however. Not all struggling families can access benefits due to eligibility limits and work requirements that have not kept pace with the changing landscape of jobs, schedules, and household costs. In addition, most assistance is not flexible enough to address emergencies; for example, a family cannot use food subsidies to pay an unexpected medical bill.
- **Crime and incarceration.** Most households in the U.S. play by the rules, but in all income tiers, a small number break the law for financial gain. For a few families with very limited financial options, that behavior can take the form of selling SNAP benefits or even drugs for cash in order to afford rent and utilities. The consequences of arrest and fines are particularly severe for low-income households, especially those without the means to pay fees or hire a lawyer, and the consequences of incarceration and a criminal record add barriers to future earning ability and eligibility for public assistance that all but ensure longer-term hardship (Moore, 2013; Stevenson, 2016; Kearney & Harris, 2014). In weighing the costs and benefits of policy changes that would help ALICE and poverty-level households, the costs of crime, incarceration, and re-entry are sometimes a part of the equation.

There are specific considerations in each area of the household budget:



Housing. Because this is the most expensive item in most families' budget, housing that is affordable would make the biggest difference to ALICE families. Location is also key, in terms of safety and accessibility to jobs, child care and schools, healthy food, doctors, and hospitals. When affordable housing is not located close to these essentials, there needs to be additional transportation planning to bridge the gap.



Child care. With two major purposes in mind – child development and parent employment – child care requires trained workers, a safe setting, and hours and locations that are work-friendly. Child care vouchers, subsidized programs, and universal pre-K make a difference for millions of children and their working parents. Yet there are still gaps in coverage for families who are not eligible or who live in areas without quality providers.



Food. A healthy diet requires more than affordable food. The extent of food deserts and chronic hunger highlight the structural challenges of providing access to fresh fruits and vegetables, time to prepare meals, and a kitchen to cook in. SNAP, WIC, and food pantries provide critical assistance, yet the problem of food insecurity persists among ALICE and poverty-level families across the country.





Transportation. Most jobs require commuting by car, yet public transportation is far cheaper. The reliability and safety of cars, roads, and the public transportation infrastructure matter to ALICE families; delays or breakdowns add to overall expenses, decrease productivity, and increase exposure to risk.



Health care. Good health is a fundamental underpinning to all activities. The research is clear that access to health insurance improves health outcomes, and coverage rates are at an all-time high in the U.S. with the ACA and the expansion of Medicaid. But there are still millions without insurance and even more who are underinsured – who can't afford their deductibles or find doctors who accept their insurance. There is also an ongoing doctor shortage, particularly in primary care and in rural areas.



Taxes. As a mechanism to increase equality, state tax policies vary across the country. But in all states, low-income households on average still pay a higher rate of taxes than households in the highest income quintile. Earned income and child tax credits provide important relief to working families, though primarily those with children under the age of 18.



Because conditions vary across counties and states, the solutions to the challenges that ALICE and poverty-level families face will vary as well. Stakeholders – family, friends, nonprofits, businesses, and the government – will need to work together with innovation and vision, and be willing to change the structure of the local and national economy and even the fabric of their communities. Ultimately, if ALICE households are able to become financially stable, state economies across the country will be stronger and communities more vibrant – improving life not just for ALICE, but for everyone. The strategies and the interconnected consequences detailed in this report can be a jumping-off point to create new and better ideas that can help working families move toward this goal.





BIBLIOGRAPHY

AAA. (2014). *Owning and Operating Your Vehicle Just Got a Little Cheaper According to AAA's 2014 'Your Driving Costs' Study*. Retrieved from <http://newsroom.aaa.com/2014/05/owning-and-operating-your-vehicle-just-got-a-little-cheaper-aaas-2014-your-driving-costs-study-archive/>

AAA. (2016). *Your Driving Costs*. Retrieved from <http://newsroom.aaa.com/auto/your-driving-costs/>

AARP. (2015). *Food Insecurity among Older Adults*. Retrieved from http://www.aarp.org/content/dam/aarp/aarp_foundation/2015-PDFs/AF-Food-Insecurity-2015Update-Final-Report.pdf

AARP Public Policy Institute. (2015, June). *Caregiving in the U.S. 2015*. National Alliance for Caregiving. Retrieved from http://www.caregiving.org/wp-content/uploads/2015/05/2015-CaregivingintheUS_Final-Report-June-4_WEB.pdf

Abel, J., Deitz, R., & Su, Y. (2014). Are Recent College Graduates Finding Good Jobs? *Current Issues in Economics and Finance*, 20(1). Retrieved from http://www.newyorkfed.org/research/current_issues/ci20-1.pdf

Adams, D., & Hamdi, N. (2015). *New Insights Into Student Loans and Income-Based Repayment*. Retrieved from http://www.equifax.com/assets/corp/student_loan_research.pdf

ADP Research Institute. (2014). *Planning For Health Care Reform: How Income Impacts Employee Health Benefits Participation*. Retrieved from <http://www.adp.com/~media/RI/pdf/Benefits%20Planning%20For%20Health%20Care%20Reform%20How%20Income%20Impacts%20Employee%20Health%2>

Advisen. (2015). *Safety and Regulatory Trends in Child Daycare*. Retrieved from https://www.capspecialty.com/pdfs/R-MarketingAdvisen_Safety-and-Regulatory-Trends-in-Child-Day-Care.pdf

Affordable Housing Online. (2017). *Open Public Housing Waiting Lists By State*. Retrieved from <https://affordablehousingonline.com/public-housing-waiting-lists>

Agency for Healthcare Research and Quality. (2015). *Table VII.D.2 Average total employee contribution (in dollars) per enrolled employee for family coverage at private-sector establishments that offer health insurance by proportion of employees who are full-time or low-wage and state: United States, 2015*. U.S. Department of Health & Human Services, Medical Expenditure Panel Survey-Insurance Component. Retrieved from https://meps.ahrq.gov/data_stats/summ_tables/insr/state/series_7/2015/tviid2.htm

Agrawal, A. W., Blumenberg, E. A., Abel, S., Pierce, G., & Darrah, C. N. (2011). *Getting Around When You're Just Getting By: The Travel Behavior and Transportation Expenditures of Low-Income Adults*. Mineta Transportation Institute. Retrieved from http://transweb.sjsu.edu/MTIportal/research/publications/documents/2806_10-02.pdf

Alliance for Excellent Education (AEE). (2011, November). *The High Cost of High School Dropouts: What the Nation Pays for Inadequate High Schools*. Retrieved from <http://all4ed.org/wp-content/uploads/2013/06/HighCost.pdf>

Alliance for Excellent Education. (2013, September). *Saving Futures, Saving Dollars: The Impact of Education on Crime Reduction and Earnings*. Retrieved from <http://all4ed.org/wp-content/uploads/2013/09/SavingFutures.pdf>

Alonzo L. Plough. (2014). Building a Culture of Health. *American Journal of Preventive Medicine*. Retrieved from [http://www.ajpmonline.org/article/S0749-3797\(14\)00404-8/abstract](http://www.ajpmonline.org/article/S0749-3797(14)00404-8/abstract)

American Association of Motor Vehicle Administrators. (2013). *Working Group Releases Best Practices Guide to Reducing Suspended Drivers*. Retrieved from <http://www.aamva.org/Suspended-and-Revoked-Drivers-Working-Group/>

American Community Survey. (2015). *2015; 1-, and 3-, and 5-Year Estimates*. Retrieved from U.S. Census Bureau: <http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

American Community Survey. (2014). *2014; 1-, and 3-, and 5-Year Estimates*. Retrieved from U.S. Census Bureau: <http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

American Community Survey. (2014a). *Means of Transportation to Work by Selected Characteristics; 1-Year Estimates*. Retrieved from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

American Hospital Association. (December 2016). *American Hospital Association Uncompensated Hospital Care Cost Fact Sheet*. Retrieved from <http://www.aha.org/content/16/uncompensatedcarefactsheet.pdf>

American Society of Civil Engineers (ASCE). (2013). *America's Infrastructure Report Card*. Retrieved from <http://www.infrastructurereportcard.org/a/#p/home>

Anderson, M., & Jaggia, S. (2008, January). *Rent-to-own Agreements: Customer Characteristics and Contract Outcomes*. Retrieved from <https://www.rtohq.org/pdfs/Rent-to-own%20agreements-CustomerCharacteristicsandContractOutco>

Annie E. Casey Foundation. (2016). *Supporting Working Parents = Supporting Stronger Families*. Retrieved from <http://www.aecf.org/blog/supporting-working-parents-supporting-stronger-families/>

Apgar, W. C., Duda, M., & Gorey, R. N. (2005). *The Municipal Cost of Foreclosures: A Chicago Case Study*. Homeownership Preservation Foundation. Retrieved from <http://www.issueab.org/resources/1772/1772.pdf>

- Aron, L., Honberg, R., & Duckworth, K. e. (2009). *Grading the States 2009*. National Alliance on Mental Illness (NAMI). Retrieved from <https://www.nami.org/grades>
- Association of American Medical Colleges. (2015). *Physician Supply and Demand Through 2025: Key Findings*. Retrieved from <https://www.aamc.org/download/426260/data/physiciansupplyanddemandthrough2025keyfindings.pdf>
- Attendance Works. (2015). *Mapping the Early Attendance Gap: Charting a Course for Student Success*. Retrieved from <http://www.attendanceworks.org/wordpress/wp-content/uploads/2015/07/Mapping-the-Early-Attendance-Gap-Final-4.pdf>
- Attina, T., Hauser, R., Sathyanarayana, S., Hunt, P., Bourguignon, J.-P., Myers, J., . . . Trasande, L. (December 2016). Exposure to endocrine-disrupting chemicals in the USA: a population-based disease burden and cost analysis. *The Lancet Diabetes & Endocrinology*, 4(12), 996-1003. Retrieved from [http://www.thelancet.com/journals/landia/article/PIIS2213-8587\(16\)30275-3/fulltext](http://www.thelancet.com/journals/landia/article/PIIS2213-8587(16)30275-3/fulltext)
- Auerbach, A., Kotlikoff, L., & Koehler, D. (2016). *U.S. Inequality, Fiscal Progressivity, and Work Disincentives: An Intragenerational Accounting*. National Bureau of Economic Research. Retrieved from <http://www.nber.org/papers/w22032>
- Aurand, A., Emmanuel, D., Crowley, S., Errico, E., Leong, G., & Rodrigues, K. (2016). *The GAP: The Affordable Housing Gap Analysis 2016*. National Low Income Housing Coalition. Retrieved from http://housingnm.org/assets/content/Library/housing_reports/Gap-Report_print.pdf
- Bachrach, D., Pfister, H., Wallis, K., & Lipson, M. (2014). *Addressing Patients' Social Needs*. Commonwealth Fund. Retrieved from http://www.commonwealthfund.org/~media/files/publications/fund-report/2014/may/1749_bachrach_addressing_patients_social_needs_v2.pdf
- Bahrampour, T. (2015). More College Students Battle Hunger as Education and Living Costs Rise. *Washington Post*. Retrieved from https://www.washingtonpost.com/local/more-college-students-battle-hunger-as-education-and-living-costs-rise/2014/04/09/60208db6-bb63-11e3-9a05-c739f29ccb08_story.html?utm_term=.9a5ac9a5d19a
- Baicker, K., & Finkelstein, A. (2011, August). The Effects of Medicaid Coverage - Learning from the Oregon Experiment. Retrieved from <http://www.nejm.org/doi/full/10.1056/NEJMp1108222>
- Baicker, K., & Finkelstein, A. (2014). *Insuring the Uninsured*. Retrieved from https://www.povertyactionlab.org/sites/default/files/publications/Insuring_the_Uninsured.pdf
- Balfanz, R., & Byrne, V. (2012). *The Importance of Being in School, A Report on Absenteeism in the Nation's Public Schools*. Johns Hopkins University Center for Social Organization. Retrieved from http://new.every1graduates.org/wp-content/uploads/2012/05/FINALChronicAbsenteeismReport_May16.pdf
- Bashir, U., & Ramay, M. I. (2010). Impact of Stress on Employees Job Performance: A Study on Banking Sector of Pakistan. *International Journal of Marketing Studies*. Retrieved from <http://www.ccsenet.org/journal/index.php/ijms/article/view/4604/4775>
- Bassok, D., Fitzpatrick, M., & Loeb, S. (December 2012). *Does State Preschool Crowd-Out Private Provision? The Impact of Universal Preschool on the Childcare Sector in Oklahoma and Georgia*. NBER Working Paper No. 18605, National Bureau of Economic Research. Retrieved from <http://www.nber.org/papers/w18605>
- Bassok, D., Fitzpatrick, M., Greenberg, E., & Loeb, S. (September/October 2016). Within- and Between-Sector Quality Differences in. *Child Development*, 87(5). Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/cdev.12551/abstract>
- Baum, C. (2009). The Effects of Vehicle Ownership on Employment. *Journal of Urban Economics*. Retrieved from <http://www.sciencedirect.com/science/article/pii/S0094119009000412>
- Baum, S., Ma, J., & Payea, K. (2013). Education Pays: The Benefits of Higher Education for Individuals and Society. Retrieved from <https://trends.collegeboard.org/sites/default/files/education-pays-2013-full-report.pdf>
- Bell, J., Mora, G., Hagan, E., Rubin, V., & Karpyn, A. (2013). *Access to Healthy Food and Why it Matters*. Retrieved from http://thefoodtrust.org/uploads/media_items/access-to-healthy-food.original.pdf
- Bell, M. L., & Ebisu, K. (2012). Environmental Inequality in Exposures to Airborne Particulate Matter Components in the United States. *Environmental Health Perspectives*. Retrieved from <https://ehp.niehs.nih.gov/wp-content/uploads/2012/10/ehp.1205201.pdf>
- Belsky, E., Goodman, J., & Drew, R. (2005, June). *Measuring the Nation's Rental Housing Affordability Problems*. Joint Center for Housing Studies of Harvard University. Retrieved from http://www.jchs.harvard.edu/sites/jchs.harvard.edu/files/rd05-1_measuring_rental_affordability05.pdf
- Ben-Ishai, L., Matthews, H., & Levin-Epstein, J. (2014). *Scrambling for Stability: The Challenges of Job Schedule Volatility and Child Care*. Retrieved from <http://www.clasp.org/resources-and-publications/publication-1/2014-03-27-Scrambling-for-Stability-The-Challenges-of-Job-Schedule-Volat.pdf>
- Bensman, D. (2014). *The Battle Over Working Time: A Countermovement Against Neoliberalism*. Retrieved from <http://portside.org/2014-12-04/battle-over-working-time-countermovement-against-neoliberalism>
- Berkowitz, S., Meigs, J., DeWalt, D., Seligman, H., Barnard, L., Bright, O.-J., . . . Atlas, S. W. (2015). Material Need Insecurities, Control of Diabetes Mellitus, and Use of Health Care Resources: Results of the Measuring Economic Insecurity in Diabetes Study. *JAMA Internal Medicine*, 175(2), 257-265. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/25545780>

- Bertmann, F., Barroso, C., Ohri-Vachaspati, P., Hampl, J., Sell, K., & Wharton, C. (2014). Women, infants, and children cash value voucher (CVV) use in Arizona: a qualitative exploration of barriers and strategies related to fruit and vegetable purchases. *Journal of Nutrition Education and Behavior*. Retrieved from <http://europepmc.org/abstract/med/24809997>
- Betley, C. L., Szanton, S., Samuel, L., & Cahill, R. (2016). *State and Federal Income Support Programs and Effects on Dual Eligible Health Care Use and Cost*. Retrieved from <http://www.hilltopinstitute.org/publications/ARM%202016/StateAndFederalIncomeSupportPrograms-June2016.pdf>
- Bipartisan Policy Commission. (2013). *Rental Housing Market Trends*. Retrieved from <http://bipartisanpolicy.org/library/rental-housing-market-trends/>
- Bishop, G., & Stedman, D. (2014). The Recession of 2008 and Its Impact on Light-Duty Vehicle Emissions in Three Western United States Cities. *Environmental Science and Technology*, 48(24), 14822-14827. Retrieved from <http://pubs.acs.org/doi/abs/10.1021/es5043518?source=cen&>
- Bliss, L. (2016). *How Much Does Sprawl Cost American Commuters?* CityLab, The Atlantic. Retrieved from <http://www.citylab.com/design/2016/06/cost-of-sprawl-us-commuters/486170/>
- Board of Governors of the Federal Reserve System. (2013). *A Perspective from Main Street: Long-Term Unemployment and Workforce*. Retrieved from <https://www.federalreserve.gov/communitydev/barriers-for-workers.htm#f25>
- Boccuti, C., Fields, C., Casillas, G., & Hamel, L. (2015). *Primary Care Physicians Accepting Medicare: A Snapshot*. Kaiser Family Foundation. Retrieved from <http://kff.org/medicare/issue-brief/primary-care-physicians-accepting-medicare-a-snapshot/>
- Boehm, T., & Schlottman, A. (2004). The dynamics of race, income, and homeownership. *Journal of Urban Economics*, 55(1), 113-130. Retrieved from https://www.researchgate.net/publication/4890916_The_dynamics_of_race_income_and_homeownership
- Bonner, A. (2015). *2015 AARP National Caregiving Survey of Registered Voters Age 40 and Older*. AARP. Retrieved from <http://www.aarp.org/research/topics/care/info-2015/national-survey-family-caregivers.html>
- Bricker, J., Kennickell, A., Moore, K., & Sabelhaus, J. (2012, June). Changes in U.S. Family Finances from 2007 to 2010: Evidence from the Survey of Consumer Finances. *Federal Reserve Bulletin*, Vol 98(No.2). Retrieved from <http://www.federalreserve.gov/pubs/bulletin/2012/pdf/scf12.pdf>
- Brookings Institution. (2016). *Earned Income Tax Credit (EITC) Interactive and Resources*. Retrieved from <https://www.brookings.edu/interactives/earned-income-tax-credit-eitc-interactive-and-resources/>
- Brown, B., & Traill, S. (2006). *Benefits for All: The Economic Impact of the New Jersey Child Care Industry*. The New Jersey Child Care Economic Impact Council. Retrieved from <http://www.tesu.edu/documents/njchildcareimpact.pdf>
- Bruckner, C. (2016). *Shortchanged: The Tax Compliance Challenges of Small Business Operators Driving the On-Demand Platform Economy*. American University, Kogod Tax Policy Center. Retrieved from <https://www.american.edu/kogod/news/upload/shortchanged-caroline-bruckner-kogod-au.pdf>
- Bucks, B. K., & Pence, K. M. (2008). Do Borrowers Know their Mortgage Terms? *Journal of Urban Economics*. Retrieved from https://works.bepress.com/karen_pence/5/
- Burdick-Will, J. (2015). *Johns Hopkins Sociologist Challenges Common Assumptions about School Choice*. Retrieved from <http://hub.jhu.edu/2015/09/02/sociology-school-choice/>
- Bureau of Labor Statistics (BLS). (2010, August). Current Spending Topics: *Health Care Spending: 1998, 2003, and 2008. Focus on Prices and Spending, Consumer Expenditure Survey: 2008, Volume 1 (Number 8)*. Retrieved from U.S. Department of Labor: <https://www.bls.gov/opub/btn/archive/health-care-spending-1998-2003-and-2008.pdf>
- Bureau of Labor Statistics (BLS). (2013). *Consumer Expenditure Survey: Section 15, Part A - Medical and Health Expenditures - Screening Questions for Payments*. U.S. Department of Labor. Retrieved from <https://www.bls.gov/cex/capi/2013/csxsection15a.htm>
- Bureau of Labor Statistics (BLS). (2014). *Occupational Employment Statistics*. U.S. Department of Labor. Retrieved from <https://www.bls.gov/oes/tables.htm>
- Bureau of Labor Statistics (BLS). (2014a). *Consumer Expenditure Survey: Annual Calendar Tables*. U.S. Department of Labor. Retrieved from <https://www.bls.gov/cex/tables.htm#annual>
- Bureau of Labor Statistics (BLS). (2014b). *Metropolitan Statistical Area (MSA) Tables*. Retrieved from <http://www.bls.gov/cex/csxmsa.htm#v1112>
- Bureau of Labor Statistics (BLS). (2016). *Weekly Earnings by Educational Attainment in First Quarter 2016*. Retrieved from <https://www.bls.gov/opub/ted/2016/weekly-earnings-by-educational-attainment-in-first-quarter-2016.htm>
- Bureau of Transportation Statistics. (2015). *Table 2-5 Commuting by Mode of Transportation: 2000, 2010, and 2014*. Retrieved from https://www.rita.dot.gov/bts/publications/passenger_travel_2016/tables/table2_5
- Campbell, D. (2006). What is Education's Impact on Civic and Social Engagement?" Measuring the Effects of Education on Health and Civic Engagement. Retrieved from <http://www.oecd.org/edu/innovation-education/37425694.pdf>
- Carnevale, A. P., Smith, N., Melton, M., & Price, E. W. (2015). *Learning While Earning: The New Normal*. Retrieved from <https://cew.georgetown.edu/wp-content/uploads/Working-Learners-Report.pdf>
- Carnevale, A., Cheah, B., & Hanson, A. (2015). *The Economic Value of College Majors*. Georgetown University, Center on Education and the Workforce. Retrieved from <https://cew.georgetown.edu/cew-reports/valueofcollegemajors/>

- Carnevale, A., Rose, S., & Cheah, B. (2014). *The College Payoff: Education, Occupations, Lifetime Earnings*. Georgetown University, Center on Education and the Workforce. Retrieved from <https://cew.georgetown.edu/wp-content/uploads/2014/11/collegepayoff-complete.pdf>
- Casas del Pueblo Community Land Trust. (October 2013). *The Housing Crisis and the Working Poor: Problems and Solutions from the Community Level*. Retrieved from <http://cltnetwork.org/wp-content/uploads/2013/12/2013-The-Housing-Crisis-and-Working-Poor.pdf>
- Center for Behavioral Health Statistics and Quality. (2012, November). *Results from the 2011 National Survey on Drug Use and Health: Mental Health Findings*. Substance Abuse and Mental Health Services Administration. U.S. Department of Health and Human Services. Retrieved from <https://www.samhsa.gov/data/sites/default/files/2011MHFDT/2k11MHFR/Web/NSDUHmhfr2011.htm>
- Center for Labor Market Studies. (2009). *Left Behind in America: the Nation's Dropout Crisis*. Center for Labor Market Studies Publications. Northeastern University. Retrieved from <http://hdl.handle.net/2047/d20000598>
- Center for Labor Market Studies. (2009a). *The Consequences of Dropping Out of High School*. Retrieved from http://www.prisonpolicy.org/scans/The_Consequences_of_Dropping_Out_of_High_School.pdf
- Center for Neighborhood Technology. (2003-2016). *Housing and Transportation Affordability Index*. Retrieved from <http://htaindex.cnt.org/map/>
- Center for Neighborhood Technology. (2016). *Housing and Transportation Affordability Index*. Retrieved from <http://htaindex.cnt.org/map/>
- Center for Nonprofit Management. (2014). *Impact of Universal Pre-Kindergarten on Community Child Care Providers in the Fort Worth Independent School District*. Retrieved from <http://www.campfirefw.org/am-site/media/universal-pre-k-impact-study.pdf>
- Center for Public Education. (2007). *Pre-kindergarten: What the Research Shows*. Retrieved from <http://www.centerforpubliceducation.org/Main-Menu/Pre-kindergarten/Pre-Kindergarten/Pre-kindergarten-What-the-research-shows.html>
- Center for Responsible Lending. (2013). *2013 Update: The Spillover Effects of Foreclosures*. Retrieved from <http://www.responsiblelending.org/mortgage-lending/research-analysis/2013-crl-research-update-foreclosure-spillover-effects-final-aug-19-docx.pdf>
- Center for Transit Oriented Development. (2012). *Families and Transit-oriented Development*. Retrieved from <http://ctod.org/pdfs/tod205.pdf>
- Center on Budget and Policy Priorities (CBPP). (2016). *National and State Housing Fact Sheets & Data*. Retrieved from <http://www.cbpp.org/research/housing/national-and-state-housing-fact-sheets-data>
- Center on Budget and Policy Priorities. (2016). *Policy Basics: The Earned Income Tax Credit*. Retrieved from <https://www.cbpp.org/research/federal-tax/policy-basics-the-earned-income-tax-credit>
- Centers for Disease Control and Prevention (CDC). (2011). *Emergency Room Use Among Adults Aged 18–64: Early Release of Estimates From the National Health Interview Survey, January–June 2011*. Retrieved from https://www.cdc.gov/nchs/data/nhis/earlyrelease/emergency_room_use_january-june_2011.pdf
- Centers for Disease Control and Prevention (CDC). (2011, January 14). *Health Disparities and Inequalities Report, United States, 2011. Morbidity and Mortality Weekly Report*. Retrieved from <http://www.cdc.gov/mmwr/pdf/other/su6001.pdf>
- Centers for Disease Control and Prevention (CDC). (2013). *State Indicator Report on Fruits and Vegetables, 2013*. Retrieved from <http://www.cdc.gov/nutrition/downloads/State-Indicator-Report-Fruits-Vegetables-2013.pdf>
- Centers for Disease Control and Prevention (CDC). (2014). *Risk Factors and Health Indicators from the Behavioral Risk Factor Surveillance System, 2001 to 2012*. Retrieved May 28, 2014, from <http://www.cdc.gov/sortablestats/>
- Centers for Disease Control and Prevention (CDC). (2014). *Summary Health Statistics: National Health Interview Survey*. Retrieved from https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2014_SHS_Table_P-11.pdf
- Centers for Disease Control and Prevention (CDC). (2015). Retrieved from <https://www.cdc.gov/nchs/data/hus/2015/066.pdf>
- Centers for Disease Control and Prevention (CDC). (2015). *Chronic Disease Prevention and Health Promotion*. Retrieved from <https://www.cdc.gov/chronicdisease/>
- Centers for Disease Control and Prevention (CDC). (2016). *Emergency Department Visits*. Retrieved from <https://www.cdc.gov/nchs/fastats/emergency-department.htm>
- Centers for Disease Control and Prevention (CDC). (2017). *Lead*. Retrieved from <https://www.cdc.gov/nceh/lead/>
- Chari, A. V., Engberg, J., Ray, K., & Mehrotra, A. (2015). *The Opportunity Costs of Informal Elder-Care in the United States: New Estimates From the American Time Use Survey. Health Services Research*. Retrieved from http://www.rand.org/pubs/external_publications/EP66196.html
- Chetty, R., & Hendren, N. (2015, April). *The Impacts of Neighborhoods on Intergenerational Mobility: Childhood Exposure Effects and County-Level Estimates*. (T. E. Project, Ed.) Retrieved from http://www.equality-of-opportunity.org/images/nbhd_exec_summary.pdf
- Chetty, R., Hendren, N., & Katz, L. F. (2015). *The Effects of Exposure to Better Neighborhoods on Children: New Evidence from the Moving to Opportunity Experiment*. Retrieved from http://scholar.harvard.edu/files/hendren/files/mto_paper.pdf

- Chi, D., Masterson, E., Carle, A., Mancl, L., & Coldwell, S. (2014). Socioeconomic Status, Food Security, and Dental Caries in US Children: Mediation Analyses of Data From the National Health and Nutrition Examination Survey, 2007–2008. *American Journal of Public Health, 104*(5), 860-864. doi: <http://doi.org/10.2105/AJPH.2013.301699>
- Child Care Aware of America. (2013). *Parents and the High Cost of Child Care*. Retrieved from https://edsources.org/wp-content/uploads/old/cost_of_care_2013_103113_0.pdf
- Child Care Aware of America. (2015). *Parents and the High Cost of Child Care*. Retrieved from <http://usa.childcareaware.org/wp-content/uploads/2016/03/Parents-and-the-High-Cost-of-Child-Care-2015-FINAL.pdf>
- Child Care Aware of America. (2016). *Parents and the High Cost of Child Care*. Retrieved from http://www.usa.childcareaware.org/wp-content/uploads/2017/01/CCA_High_Cost_Report_01-17-17_final.pdf
- Child Trends. (2011). Research-Based Responses to Key Questions about the 2010 Head Start Impact Study. *Early Childhood Highlights, Volume 2* (Issue 1). Retrieved from http://www.childtrends.org/wp-content/uploads/2011/01/Child-Trends-2011_01_28_ECHH_2010HStudy.pdf
- Child Trends. (2015). *Preschool and Prekindergarten: Indicators on Children and Youth*. Retrieved from <http://www.childtrends.org/indicators/preschool-and-prekindergarten/>
- Choi, L. (December 2009). *Financial Stress and Its Physical Effects on Individuals and Communities*. Community Development Investment Review. Retrieved from <http://www.frbsf.org/community-development/files/choi.pdf>
- Circadian. (2005). *Absenteeism: The Bottom-line Killer*. Retrieved from <http://www.workforceinstitute.org/wp-content/themes/revolution/docs/Absenteeism-Bottom-Line.pdf>
- Clark, L. P., Millet, D. B., & Marshall, J. D. (2014). National Patterns in Environmental Injustice and Inequality: Outdoor NO₂ Air Pollution in the United States. *PLoS One*. Retrieved from <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0094431>
- Cohen, R., Kirzinger, W. K., & Gindi, R. (April 2013). *Strategies Used by Adults to Reduce Their Prescription Drug Costs*. Centers for Disease Control and Prevention, National Center for Health Statistics Data Brief. Retrieved from <http://www.cdc.gov/nchs/data/databriefs/db119.pdf>
- Coleman-Jensen, A., Rabbitt, M. P., Gregory, C., & Singh, A. (2016). *Household Food Security in the United States in 2015*. Economic Research Report Number 215, United States Department of Agriculture (USDA). Retrieved from <https://www.ers.usda.gov/publications/pub-details/?pubid=79760>
- Coley, R., Leventhal, T., Lynch, A., & Kull, M. (2013). Relations between Housing Characteristics and the Well-Being of Low-Income Children and Adolescents. *Developmental Psychology*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3766502/>
- Commonwealth Fund. (2013). *Health Care in the Two Americas: Executive Summary*. Retrieved from <http://www.commonwealthfund.org/publications/fund-reports/2013/sep/low-income-scorecard>
- Communities in Schools. (2015). *New Data Links High School Graduation Key to Economic Growth*. Retrieved from <https://www.communitiesinschools.org/news/2015/12/new-alliance-data-links-high-school-graduation-key-economic-growth/>
- Community Transportation Association of America. (2011). *Overcoming Transportation Challenges for Youth*. Retrieved from <http://web1.ctaa.org/webmodules/webarticles/articlefiles/YouthOvercomingTranspChallenges.pdf>
- Consumer Reports. (2015). *The Secret Score Behind Your Rates*. Retrieved from <http://www.consumerreports.org/cro/car-insurance/credit-scores-affect-auto-insurance-rates/index.htm>
- Cook, J. T., & Poblacion, A. P. (2016). *2016 Hunger Report*. Retrieved from http://hungerreport.org/2016/wp-content/uploads/2015/11/cost_of_hunger_study.pdf
- CoreLogic. (2015). *National Foreclosure Report*. Retrieved from <http://www.corelogic.com/research/foreclosure-report/national-foreclosure-report-april-2015.pdf>
- Côté, S. M., Mongeau, C., Japel, C., Xu, Q., Séguin, J. R., & Tremblay, R. E. (2013). Child Care Quality and Cognitive Development: Trajectories Leading to Better Preacademic Skills. *Child Development*. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/23083205>
- County Health Rankings. (2016). *Healthy Food Initiatives in Food Banks*. Retrieved from <http://www.countyhealthrankings.org/policies/healthy-food-initiatives-food-banks>
- Coyne, W. (2003). *The Fiscal Cost of Sprawl: How Sprawl Contributes to Local Governments' Budget Woes*. Environment Colorado Research and Policy Center. Retrieved from http://www.impactfees.com/publications%20pdf/fiscalcostofsprawl12_03.pdf
- Crabtree, S. (2010). *Wellbeing Lower Among Workers With Long Commutes*. Gallup-Healthways Well-Being Index. Retrieved from <http://www.gallup.com/poll/142142/wellbeing-lower-among-workers-long-commutes.aspx>
- CREDO. (2015). *Urban Charter School Study Report on 41 Regions*. Retrieved from <https://urbancharters.stanford.edu/download/Urban%20Charter%20School%20Study%20Report%20on%2041%20Regions.pdf>
- Criden, M. (2008). *The Stranded Poor: Recognizing the Importance of Public Transportation for Low-Income Households*. Retrieved from http://www.nascsp.org/data/files/csbg_publications/issue_briefs/issuebrief-benefitsofruralpublictransportation.pdf

- Cunningham, A., & Kienzl, G. (2011). Delinquency: The Untold Story of Student Loan Borrowing. (I. f. Policy, Ed.) Retrieved from <http://www.ihep.org/research/publications/delinquency-untold-story-student-loan-borrowing>
- Currie, J. T. (2011, August). *Is There a Link Between Foreclosure And Health?* National Bureau of Economic Research Working Paper Series. Retrieved from <http://www.nber.org/papers/w17310.pdf>
- Curry, A., Latkin, C., & Davey-Rothwell, M. (2008). Pathways to Depression: The Impact of Neighborhood Violent Crime on Inner-City Residents in Baltimore, Maryland, USA. *Social Science & Medicine*, 67(1), 23-30. doi: <http://doi.org/10.1016/j.socscimed.2008.03.007>
- Dague, L., DeLeire, T., & Leininger, L. (2014). *The Effect of Public Insurance Coverage for Childless Adults on Labor Supply*. National Bureau of Economic Research. Retrieved from <http://www.nber.org/papers/w20111.pdf>
- Daly, M., & Benagli, L. (2014). Is It Still Worth Going to College? *FRBSF Economic Letter*. Retrieved from <http://www.frbsf.org/economic-research/publications/economic-letter/2014/may/is-college-worth-it-education-tuition-wages/>
- Dawkins, C., Jeon, J. S., & Pendall, R. (2015). Transportation Access, Rental Vouchers, and Neighborhood Satisfaction: Evidence from the Moving to Opportunity Experiment. *Housing Policy Debate*, 497-530. Retrieved from <http://www.tandfonline.com/doi/abs/10.1080/10511482.2014.986662?journalCode=rhpd20>
- Dean, S., & Rosenbaum, D. (2013). SNAP Benefits Will Be Cut for Nearly All Participants In November 2013. Retrieved from <https://www.cbpp.org/research/snap-benefits-will-be-cut-for-nearly-all-participants-in-november-2013>
- Decker, S. (2013, July). Two-Thirds Of Primary Care Physicians Accepted New Medicaid Patients In 2011–12: A Baseline To Measure Future Acceptance Rates. *Health Affairs*, 32(7), 1183-1187. Retrieved from <http://content.healthaffairs.org/content/32/7/1183.abstract>
- DeLia, D., & Lloyd, K. (2014, July). *Sources of Variation in Avoidable Hospital Use and Cost across Low-Income Communities in New Jersey*. Rutgers Center for State Health Policy. Retrieved from <http://www.cshp.rutgers.edu/downloads/10470.pdf>
- Denice, P., & Gross, B. (2016). Choice, Preferences, and Constraints: Evidence from Public School Applications in Denver. *Sociology of Education*. Retrieved from <http://journals.sagepub.com/doi/full/10.1177/0038040716664395>
- Desmond, M. (2015). *Unaffordable America: Poverty, housing, and eviction*. Retrieved from <http://scholar.harvard.edu/files/mdesmond/files/fastfocus2015.pdf>
- Desmond, M. (2016). *Evicted: Poverty and Profit in the American City*. New York: Penguin Random House. Retrieved from <http://evictedbook.com/books/evicted-hc/evicted-tr>
- Drewnowski, A., & Eichelsdoerfer, P. (2010). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2847733>. *Nutrition Today*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2847733/>
- Dube, S. R., Felitti, V. J., Dong, M., Giles, W. H., & Anda, R. F. (2003). The Impact of Adverse Childhood Experiences on Health Problems: Evidence from Four Birth Cohorts Dating Back to 1900. *Preventive Medicine*. Retrieved from <http://www.traumacenter.org/initiatives/Felitti.%202003.%20The%20impact%20of%20adverse%20childhood%20experiences.pdf>
- Eaglin, J. (2015). *Driver's License Suspensions Perpetuate the Challenges of Criminal Justice Debt*. Brennan Center for Justice. Retrieved from <https://www.brennancenter.org/blog/drivers-license-suspensions-perpetuate-challenges-criminal-justice-debt>
- East, J. F., & Roll, S. (2010). *Child Care and Low Income Families: Coping with the Cliff Effect*. Retrieved from <https://www.wfco.org/document.doc?id=58>
- Edelman, S., Zonta, M., & Gordon, J. (2015). *Lease Purchase Failed Before – Can It Work Now?* Center for American Progress. Retrieved from <https://www.americanprogress.org/issues/housing/report/2015/04/29/112014/lease-purchase-failed-before-can-it-work-now/>
- El Issa, E. (2015). *2015 American Household Credit Card Debt Study*. Retrieved from <https://www.nerdwallet.com/blog/average-credit-card-debt-household/>
- Ellen, I., & Glied, S. (Spring 2015). Housing, Neighborhoods, and Children's Health. *The Future of Children*, 25(1), 135-153. Retrieved from http://www.princeton.edu/futureofchildren/publications/docs/25_1_chapter6.pdf
- Enchautegui, M. E. (2013). *Nonstandard Work Schedules and the Well-Being of Low-Income Families*. Urban Institute. Retrieved from <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/412877-Nonstandard-Work-Schedules-and-the-Well-being-of-Low-Income-Families.PDF>
- Enchautegui, M. E., Johnson, M., & Gelatt, J. (2015). *Who Minds the Kids When Mom Works a Nonstandard Schedule?* Urban Institute. Retrieved from <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/2000307-Who-Minds-the-Kids-When-Mom-Works-a-Nonstandard-Schedule.pdf>
- Federal Reserve. (2014, July). *Report on the Economic Well-Being of U.S. Households in 2013*. Board of Governors of the Federal Reserve System. Retrieved from <http://www.federalreserve.gov/econresdata/2013-report-economic-well-being-us-households-201407.pdf>
- Federal Reserve. (2015, July). *Report on the Economic Well-Being of U.S. Households in 2014*. Board of Governors of the Federal Reserve System. Retrieved from <http://www.federalreserve.gov/econresdata/2014-report-economic-well-being-us-households-201505.pdf>

Federal Reserve Bank of St. Louis. (2012). *After the Fall: Rebuilding Family Balance Sheets, Rebuilding the Economy*. Retrieved from <https://www.stlouisfed.org/annual-report/2012/essay-2>

Feeding America. (2009). *Food Banks: Hungers New Staple*. Retrieved from <http://www.feedingamerica.org/hunger-in-america/our-research/hungers-new-staple/hungers-new-staple-full-report.pdf>

Feeding America. (2013). *Spotlight on Senior Hunger*. Retrieved from <http://www.feedingamerica.org/hunger-in-america/our-research/senior-hunger-research/or-spotlight-on-senior-health-executive-summary.pdf>

Feeding America. (2014). *2014 Overall Food Insecurity, Data by County in Each State*. Retrieved from <http://www.feedingamerica.org/hunger-in-america/our-research/map-the-meal-gap/data-by-county-in-each-state.html>

Feeding America. (2014, August). *Hunger in America 2014: National Report*. Retrieved from http://help.feedingamerica.org/HungerInAmerica/hunger-in-america-2014-full-report.pdf?s_src=W159ORGSC&s_referrer=google&s_subsrc=http%3A%2F%2Fwww.feedingamerica.org%2Fhunger-inameric

Feeding America. (2014). *Spotlight on Senior Health: Adverse Health Outcomes of Food Insecure Older Americans*. Retrieved from <http://www.feedingamerica.org/hunger-in-america/our-research/senior-hunger-research/or-spotlight-on-senior-health-executive-summary.pdf>

Fischer, W., & Sard, B. (2016). *Chart Book: Federal Housing Spending Is Poorly Matched to Need*. Center on Budget and Policy Priorities. Retrieved from <http://www.cbpp.org/research/housing/chart-book-federal-housing-spending-is-poorly-matched-to-need>

Fisher, G. (1992). The Development and History of Poverty Thresholds. *Social Security Bulletin*, 55(4). Retrieved from <https://www.ssa.gov/history/fisheronpoverty.html>

Flaming, D., Matsunaga, M., & Burns, P. (2009). *Where We Sleep: The Costs of Housing and Homelessness in Los Angeles*. Economic Roundtable. Retrieved from <https://economicrt.org/publication/where-we-sleep/>

Food Research and Action Center. (2012, December). *Replacing the Thrifty Food Plan in Order to Provide Adequate Allotments for SNAP Beneficiaries*. Retrieved from http://frac.org/pdf/thrifty_food_plan_2012.pdf

Food Research and Action Center. (n.d.). *Relationship Between Poverty and Overweight or Obesity*. Retrieved October 16, 2015, from <http://frac.org/initiatives/hunger-and-obesity/are-low-income-people-at-greater-risk-for-overweight-or-obesity/>

Forry, N. D., Iruka, I., Kainz, K., Tout, K., Torquati, J., Susman-Stillman, A., . . . Smith, S. (2012). *Identifying Profiles of Quality in Home-Based Child Care*. Administration for Children and Families, U.S. Department of Health and Human Services, Office of Planning, Research and Evaluation. Retrieved from https://www.acf.hhs.gov/sites/default/files/opre/identifying_profiles.pdf

Frame, W. S. (2010). Estimating the Effect of Mortgage Foreclosures on Nearby Property Values: A Critical Review of the Literature. *Economic Review, Volume 95* (Number 3). Retrieved from http://www.chicagofed.org/digital_assets/others/region/foreclosure_resource_center/more_frame_externalities.pdf

Friedman-Krauss, A., Barnett, W., & Nores, M. (2016). *How Much Can High-Quality Universal Pre-K Reduce Achievement Gaps?* Center for American Progress and the National Institute for Early Education Research. Retrieved from <http://nieer.org/wp-content/uploads/2017/01/NIEER-AchievementGaps-report.pdf>

Fuller-Thompson, E., & Redmond, M. (2008). Falling Through the Social Safety Net: Food Stamp Use and Nonuse Among Older Impoverished Americans. *The Gerontologist*. Retrieved from https://www.researchgate.net/publication/5369053_Falling_Through_the_Social_Safety_Net_Food_Stamp_Use_and_Nonuse_Among_Older_Impoverished_Americans

Furman, J., Munoz, C., & Black, S. (2015). *New CEA Report Finds that SNAP Benefits are Crucial for Families but Sometimes Inadequate*. Retrieved from <https://obamawhitehouse.archives.gov/blog/2015/12/08/new-cea-report-finds-snap-benefits-are-crucial-families-sometimes-inadequate>

Galoustian, G. (2016). *Is HUD Housing Affordable? Not If You Factor Commute Costs*. Florida Atlantic University. Retrieved from <http://www.fau.edu/newsdesk/articles/fau-hud-study.php>

Galster, G. (March 2014). *How Neighborhoods Affect Health, Well-being, and Young People's Futures*. MacArthur Foundation, How Housing Matters. Retrieved from https://www.macfound.org/media/files/HHM_-_Neighborhoods_Affect_Health_Well-being_Young_Peoples_Futures.pdf

Garcia, E. (2015). *Inequalities at the Starting Gate*. Economic Policy Institute. Retrieved from <http://www.epi.org/publication/inequalities-at-the-starting-gate-cognitive-and-noncognitive-gaps-in-the-2010-2011-kindergarten-class/>

Garcia, R., & Deitz, R. (2007). The Demand for Local Services and Infrastructure Created by an Aging Population. *Upstate New York Regional Review*, 2(1). Retrieved from https://www.newyorkfed.org/medialibrary/media/research/regional_economy/upstate/reg_rev2-1.pdf

Garfield, R., Damico, A., Stephens, J., & Rouhani, S. (2015, April 17). *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid – An Update*. Kaiser Family Foundation. Retrieved January 21, 2016, from <http://kff.org/health-reform/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid-an-update/>

Global Commission on the Economy and Climate. (2015). *Analysis of Public Policies That Unintentionally Encourage and Subsidize Urban Sprawl*. Retrieved from <http://static.newclimateeconomyreport.org/wp-content/uploads/2015/03/public-policies-encourage-sprawl-nce-report.pdf>

- Glover, R., Miller, J., & Sadowski, S. (2012, March 22). Proceedings on the State Budget Crisis and Behavioral Health Treatment Gap: The Impact on Public Substance Abuse and Mental Health Treatment Systems. Retrieved from [https://www.nasmhpd.org/sites/default/files/SummaryCongressional%20Briefing_2012\(6\).pdf](https://www.nasmhpd.org/sites/default/files/SummaryCongressional%20Briefing_2012(6).pdf)
- Golden, L. (2015). *Irregular Work Scheduling and Its Consequences*. Economic Policy Institute. Retrieved from <http://www.epi.org/publication/irregular-work-scheduling-and-its-consequences>
- Gould, E., & Cooke, T. (2015). *High Quality Child Care is Out of Reach for Working Families*. Economic Policy Institute. Retrieved from <http://www.epi.org/publication/child-care-affordability/>
- Guernsey, L., Williams, C. P., McCann, C., & Bornfreund, L. (2014). *Beyond Subprime Learning*. Retrieved from <https://www.newamerica.org/education-policy/policy-papers/beyond-subprime-learning/>
- Gundersen, C., & Kreider, B. (2009). Bounding the Effects of Food Insecurity on Children's Health Outcomes. *Journal of Health Economics*. Retrieved from <http://faculty.smu.edu/Millimet/classes/eco7377/papers/gundersen%20kreider%2009.pdf>
- Guptaa, N. D., & Simonsen, M. (2010). Non-cognitive Child Outcomes and Universal High Quality Child Care. *Journal of Public Economics*. Retrieved from <http://www.sciencedirect.com/science/article/pii/S0047272709001169>
- Haley, J., Kenney, G., & Pelletier, J. (2008). *Access to Affordable Dental Care: Gaps for Low-Income Adults*. Retrieved from http://www.centerfororalhealth.org/images/lib_PDF/kaiser%20low%20income%20coverage_briefing.pdf
- Hamel, L., Norton, M., Levitt, L., Claxton, G., & Brodie, M. (2015). *Survey of Non-Group Health Insurance Enrollees, Wave 2*. Kaiser Family Foundation. Retrieved from <http://kff.org/health-reform/poll-finding/survey-of-non-group-health-insurance-enrollees-wave-2/>
- Hamel, L., Norton, M., Pollitz, K., Levitt, L., Claxton, G., & Brodie, M. (2016). *The Burden of Medical Debt: Results from the Kaiser Family Foundation/New York Times Medical Bills Survey*. Kaiser Family Foundation. Retrieved from <http://kff.org/report-section/the-burden-of-medical-debt-section-1-who-has-medical-bill-problems-and-what-are-the-contributing-factors/>
- Han, W.-J. (2005). Maternal Nonstandard Work Schedules and Child Cognitive Outcomes. *Child Development*. Retrieved from https://www.jstor.org/stable/3696714?seq=1#page_scan_tab_contents
- Hanson, K. (2008). Mollie Orshansky's Strategy to Poverty Measurement as a Relationship between Household Food Expenditures and Economy Food Plan. *Review of Agricultural Economics*, 30(3), 572–580. Retrieved from <http://handle.nal.usda.gov/10113/20301>
- Hanson, R., Sawyer, G., Begle, A., & Hubel, G. (April 2010). The Impact of Crime Victimization on Quality of Life. *Journal of Trauma and Stress*, 23(2), 189–197. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2910433/>
- Harrell, E., Langton, L., Berzofsky, M., & Couzens, L. (2014). *Household Poverty and Nonfatal Violent Victimization, 2008–2012*. U.S. Department of Justice. Retrieved from <https://www.bjs.gov/content/pub/pdf/hpnyv0812.pdf>
- Harris, B., & Kearney, M. (2014). *The Unequal Burden of Crime and Incarceration on America's Poor*. Brookings Institution. Retrieved from <https://www.brookings.edu/blog/up-front/2014/04/28/the-unequal-burden-of-crime-and-incarceration-on-americas-poor/>
- Harrison, G. (2003). *Household Food Insecurity, Food Assistance Program Participation, and the Use of Preventive Medical Care*. School of Public Health and Center for Health Policy Research. Retrieved from <https://data.ers.usda.gov/FANRP-ridge-project-summaries.aspx?type=2&summaryId=104>
- Hart, B., & Risley, T. (2003). *The Early Catastrophe*. Retrieved from <http://www.aft.org/sites/default/files/periodicals/TheEarlyCatastrophe.pdf>
- Hartline-Grafton, H. (2011, Spring). *Food Insecurity and Obesity: Understanding the Connections*. Food Research and Action Center. Retrieved from http://frac.org/pdf/frac_brief_understanding_the_connections.pdf
- Harvard Medical School. (February 2010). Mental Health Problems in the Workplace. *Harvard Mental Health Letter*. Retrieved from https://www.health.harvard.edu/newsletter_article/mental-health-problems-in-the-workplace
- Haskins, R. (2011, June). *Fighting Poverty the American Way*. The Brookings Institution. Retrieved from <https://www.brookings.edu/research/fighting-poverty-the-american-way/>
- Hasse, J., Reiser, J., & Pichacz, A. (2011). *Evidence of Persistent Exclusionary Effects of Land Use Policy within Historic and Projected Development Patterns in New Jersey: A Case Study of Monmouth and Somerset Counties*. Rowan University. Retrieved from http://gis.rowan.edu/projects/exclusionary/exclusionary_zoning_final_draft_20110610.pdf
- Healthcare.gov. (2016). *Health Insurance if You Work Part-time*. Retrieved from <https://www.healthcare.gov/part-time-workers/>
- Healthcare.gov. (2016). *What Marketplace health insurance plans cover*. Retrieved from <https://www.healthcare.gov/coverage/what-marketplace-plans-cover/>
- Heisler, M., Langa, K., Eby, E., Fendrick, A., Kabeto, M., & Piette, J. (2004, July). The Health Effects of Restricting Prescription Medication Use Because of Cost. *Medical Care*, 42(7), 626–634. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/15213486>

- Heller, D., & Styczynski, M. (2016). *Major Auto Insurers Raise Rates Based on Economic Factors*. Consumer Federation of America. Retrieved from <http://consumerfed.org/wp-content/uploads/2016/06/6-27-16-Auto-Insurance-and-Economic-Status-Report.pdf>
- Helman, R., Copeland, C., & VanDerhei, J. (2015, April). *The 2015 Retirement Confidence Survey: Having a Retirement Savings Plan a Key Factor in Americans' Retirement Confidence*. Employee Benefit Research Institute. Retrieved from http://www.ebri.org/pdf/briefspdf/EBRI_IB_413_Apr15_RCS-2015.pdf
- Hendrix, J. A., & Parcel, T. L. (2013). Parental Nonstandard Work, Family Processes, and Delinquency During Adolescence. *Journal of Family Issues*. Retrieved from <http://journals.sagepub.com/doi/abs/10.1177/0192513X13510299>
- Hickey, R., Lubell, J., Haas, P., & Morse, S. (2012). *Losing Ground: The Struggle of Moderate Income Households to Afford the Rising Costs of Housing and Transportation*. Center for Housing Policy. Retrieved from http://www.cnt.org/sites/default/files/publications/CNT_LosingGround.pdf
- Hickson, M., Cuba, S. E., Weiss, I., Donofrio, G., & Cook, J. (2013). *Too Hungry to Learn: Food Insecurity and School Readiness*. Children's Health Watch. Retrieved from http://childrenshealthwatch.org/wp-content/uploads/toohungrytolearn_report.pdf
- Hickson, M., Cuba, S. E., Weiss, I., Donofrio, G., & Cook, J. (2013a). *Feeding Our Human Capital: Food Insecurity and Tomorrow's Workforce; Part 2*. Children's Health Watch. Retrieved from http://childrenshealthwatch.org/wp-content/uploads/FeedingHumanCapital_report.pdf
- Hinton, E., & Paradise, J. (2016). *Access to Dental Care in Medicaid: Spotlight on Nonelderly Adults*. Kaiser Family Foundation. Retrieved from <http://kff.org/medicaid/issue-brief/access-to-dental-care-in-medicaid-spotlight-on-nonelderly-adults/>
- Hoopes, S. (2016). *ALICE 2016 Executive Summary: A Multi-State Comparison*. United Way ALICE Project. Retrieved from http://unitedwayalice.org/documents/16UW%20ALICE%20Report_MultiStatesSummary_12.23.16_Lowres.pdf
- Hughes-Cromwick, P., & Wallace, R. (2006). *Executive Summary: Cost-Benefit Analysis of Providing Non-Emergency Medical Transportation*. National Academies of Sciences, Medicine, and Engineering, Transportation Research Board Transit Cooperative Research Program. Retrieved from <https://www.nap.edu/catalog/23285/executive-summary-cost-benefit-analysis-of-providing-non-emergency-medical-transportation>
- Hungerford, T., & Thiess, R. (2013, September 25). *The Earned Income Tax Credit and the Child Tax Credit: History, Purpose, Goals, and Effectiveness*. Economic Policy Institute. Retrieved from <http://www.epi.org/publication/ib370-earned-income-tax-credit-and-the-child-tax-credit-history-purpose-goals-and-effectiveness/>
- Hurd, M. D., & Rohwedder, S. (2010). *Effects of the Financial Crisis and Great Recession on American Households*. Retrieved from <http://www.nber.org/papers/w16407>
- Immergluck, D., & Smith, G. (2006). The Impact of Single-family Mortgage Foreclosures on Neighborhood Crime. *Housing Studies*. Retrieved from <http://www.tandfonline.com/doi/abs/10.1080/02673030600917743>
- Institute for Women's Policy Research. (2013). *College Students with Children are Common and Face Many Challenges in Completing Higher Education*. Retrieved from <http://files.eric.ed.gov/fulltext/ED556715.pdf>
- Institute of Medicine (IOM). (2013, January). *Supplemental Nutrition Assistance Program Examining the Evidence to Define Benefit Adequacy*. Retrieved from http://iom.nationalacademies.org/~media/Files/Report%20Files/2013/SNAP/SNAP_RB.pdf
- Institute on Taxation and Economic Policy (ITEP). (2015, January). *Who Pays? A Distributional Analysis of the Tax Systems in All 50 States*. (Fifth Edition). Retrieved from <http://www.itep.org/pdf/whopaysreport.pdf>
- Internal Revenue Service. (2014). *Statistics for Tax Returns with EITC for 2014 Returns*. Retrieved from <https://www.eitc.irs.gov/EITC-Central/eitcstats>
- Internal Revenue Service. (2014a). *Form 1040 Instructions, 2014*. Retrieved from <https://www.irs.gov/pub/irs-prior/1040gi--2014.pdf>
- Internal Revenue Service. (2014b). *Historic Table 2: Individual Income and Tax Data, by State and Size of Adjusted Gross Income, Tax Year 2014*. Retrieved from <https://www.irs.gov/uac/soi-tax-stats-historic-table-2>
- Internal Revenue Service. (2015a). *Information for Taxpayers Seeking LITC Services*. Retrieved from <https://www.irs.gov/advocate/low-income-taxpayer-clinics/low-income-taxpayer-clinic-income-eligibility-guidelines>
- Internal Revenue Service. (2016). *Related Statutes and Penalties -- General Fraud*. Retrieved from <https://www.irs.gov/uac/related-statutes-and-penalties-general-fraud>
- Internal Revenue Service. (2016a). *Internal Revenue Manual -- 4.10.6. Penalty Considerations*. Retrieved from https://www.irs.gov/irm/part4/irm_04-010-006.html
- Internal Revenue Service, Taxpayer Advocate Service. (2015a). *2015 Annual Report to Congress: Report Highlights -- Earned Income Tax Credit*. Retrieved from <https://taxpayeradvocate.irs.gov/reports/2015-annual-report-to-congress/report-highlights/most-serious-problem-EITC>
- Internal Revenue Service, Taxpayer Advocate Service. (2015b). *2015 Annual Report to Congress, Volume Two: Understanding the Hispanic Underserved Population*. Retrieved from https://taxpayeradvocate.irs.gov/Media/Default/Documents/2015ARC/ARC15_Volume2_4-HispanicUnderserved.pdf
- Johnson, D. (2016). Safety in the gig economy. *Industrial Safety & Hygiene News*. Retrieved from <http://www.ishn.com/articles/104138-safety-in-the-gig-economy>

- Johnson, R. (2015). *Housing Costs and Financial Challenges for Low-Income Older Adults*. Urban Institute. Retrieved from <http://www.urban.org/sites/default/files/2000312-housing-costs-and-financial-challenges-for-low-income-older-adults.pdf>
- Joint Center for Housing Studies of Harvard University. (2013). *America's Rental Housing: Evolving Markets and Needs*. Retrieved from http://www.jchs.harvard.edu/sites/jchs.harvard.edu/files/jchs_americas_rental_housing_2013_1_0.pdf
- Joint Center for Housing Studies of Harvard University. (2014). *Housing America's Older Adults: Meeting the Needs of an Aging Population*. Retrieved from http://www.jchs.harvard.edu/sites/jchs.harvard.edu/files/jchs-housing_americas_older_adults_2014.pdf
- Joint Center for Housing Studies of Harvard University. (2016). *Projecting Trends in Severely Cost-Burdened Renters: 2015–2025*. Retrieved from https://s3.amazonaws.com/KSPProd/ERC_Upload/0100886.pdf
- Joint Center for Housing Studies of Harvard University. (2016). *The State of the Nation's Housing 2016*. Retrieved from http://www.jchs.harvard.edu/sites/jchs.harvard.edu/files/jchs_2016_state_of_the_nations_housing_lowres.pdf
- Kaiser Commission on Medicaid and the Uninsured. (2012, June). *Oral Health and Low-Income Nonelderly Adults: A Review of Coverage and Access*. Retrieved from <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/7798-02.pdf>
- Kaiser Commission on Medicaid and the Uninsured. (2016). *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid*. Retrieved from <http://kff.org/uninsured/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/>
- Kaiser Family Foundation. (2015). *Employer-Sponsored Coverage Rates for the Nonelderly by Age*. Retrieved from <http://www.kff.org/other/state-indicator/rate-by-age-2/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22:%22sort%22:%22asc%22%7D>
- Kaiser Family Foundation. (2015). *Health Insurance Marketplace Calculator*. Retrieved from <http://kff.org/wp-content/themes/vip/kff/static/subsidy-calculator-widget.html>
- Kaiser Family Foundation. (2015, October 5). *Key Facts about the Uninsured Population*. Retrieved from <http://kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>
- Kaiser Family Foundation. (2016). *Estimates of Eligibility for ACA Coverage among the Uninsured in 2016*. Retrieved from <http://kff.org/health-reform/issue-brief/estimates-of-eligibility-for-aca-coverage-among-the-uninsured-in-2016/>
- Kaiser Family Foundation. (2016). *Mental Health Care Health Professional Shortage Areas*. Retrieved from <http://kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22:%22sort%22:%22asc%22%7D>
- Kaiser Family Foundation and Health Research and Educational Trust. (2011, September). *Employer Health Benefits 2011, Annual Survey*. Retrieved from <https://kaiserfamilyfoundation.files.wordpress.com/2013/04/8225.pdf>
- Kaiser Family Foundation. (n.d.). *Hospital Emergency Room Visits per 1,000 Population by Ownership Type*. Retrieved from <http://kff.org/other/state-indicator/emergency-room-visits-by-ownership/?currentTimeframe=0>
- Kaiser, M., & Cafer, A. M. (2016). Exploring Long-term Food Pantry Use: Differences Between Persistent and Prolonged Typologies of Use. *Journal of Hunger & Environmental Nutrition*. Retrieved from https://www.researchgate.net/publication/304340038_Exploring_Long-term_Food_Pantry_Use_Differences_Between_Persistent_and_Prolonged_Typologies_of_Use
- Kearney, M., & Harris, B. (2014). *The Unequal Burden of Crime and Incarceration on America's Poor*. Brookings Institution, The Hamilton Project. Retrieved from http://www.hamiltonproject.org/papers/the_unequal_burden_of_crime_on_americas_poor
- Kicinski, L. R. (2012). Characteristics of Short and Long-term Food Pantry Users. *Michigan Sociological Review*. Retrieved from https://www.jstor.org/stable/23292651?seq=1#page_scan_tab_contents
- Kim, D., & Leigh, J. (2010, May). Estimating the Effects of Wages on Obesity. *Journal of Occupational and Environmental Medicine*, Vol. 52(No. 5). Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/20431413>
- Kim, S. (2014). 11 Companies Offering Health Care Benefits to Part-Time Workers. *ABC News*. Retrieved from <http://abcnews.go.com/Business/top-11-companies-offering-health-care-benefits-perks/story?id=21625982>
- Kingsley, G. T., Smith, R., & Price, D. (2009, May). *The Impacts of Foreclosures on Families and Communities*. Urban Institute. Retrieved from http://www.urban.org/UploadedPDF/411909_impact_of_foreclosures.pdf
- Klor de Alva, J., & Schneider, M. (2013). *What's The Value Of An Associate's Degree?* Nexus Research and American Institutes for Research. Retrieved from http://www.air.org/sites/default/files/Value_of_an_Associate_Degree_10.13.pdf
- Koskinen, J. (2015, July 17). Preliminary Results from the 2015 Filing Season Related to Affordable Care Act Provisions - Letter to Congress. Retrieved from <https://www.irs.gov/pub/irs-utl/CommissionerLetterwithcharts.pdf>
- Krieger, J., & Higgins, D. L. (2002). Housing and Health: Time Again for Public Health Action. *American Journal of Public Health*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447157/>
- Kuehn, B. (July 4, 2012). Supportive Housing Cuts Costs of Caring for the Chronically Homeless. *JAMA*, 308(1), 17-19. Retrieved from http://www.endhomelessness.org/page/files/4644_file_JAMA_supported_housing.pdf

- Kushel, M. B., Gupta, R., Gee, L., & Haas, J. S. (2006). Housing Instability and Food Insecurity as Barriers to Health Care Among Low-Income Americans. *Journal of General Internal Medicine*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1484604/>
- Kusisto, L. (2015, July 28). Rent-to-Own Homes Make a Comeback. *Wall Street Journal*. Retrieved from <http://www.wsj.com/articles/rent-to-own-homes-make-a-comeback-1438108813>
- Lambert, S. J., Fugiel, P. J., & Henly, J. R. (2014). *Precarious Work Schedules among Early-Career Employees in the U.S.* Employment Instability, Family Well-being, and Social Policy Network). Retrieved from https://ssascholars.uchicago.edu/sites/default/files/work-scheduling-study/files/lambert.fugiel.henly_precarious_work_schedules.august2014_0.pdf
- Laughlin, L. (2013, April). *Who's Minding the Kids? Child Care Arrangements: Spring 2011*. Retrieved from Household Economic Studies, U.S. Census Bureau: <https://www.census.gov/prod/2013pubs/p70-135.pdf>
- Lavizzo-Mourey, R. (2015). *President's Message: Weaving the Threads of Health*. Robert Wood Johnson Foundation. Retrieved from <http://www.rwjf.org/en/library/annual-reports/presidents-message-2015.html>
- Lawyers Committee for Civil Rights. (2015, April 20). *Not Just a Ferguson Problem: How Traffic Courts Drive Inequality in California*. Retrieved from <http://www.lccr.com/wp-content/uploads/Not-Just-a-Ferguson-Problem-How-Traffic-Courts-Drive-Inequality-in-California-4.20.15.pdf>
- Lazarony, L. (2016). *Do Taxes Affect Your Credit Score?* Retrieved from [Credit.com](https://www.credit.com/taxes/do-taxes-affect-your-credit-score/): <https://www.credit.com/taxes/do-taxes-affect-your-credit-score/>
- Leibtag, E., & Kumcu, A. (2011, May). The WIC Fruit and Vegetable Cash Voucher: Does Regional Price Variation Affect Buying Power? . *Economic Information Bulletin* (Number 75). Retrieved from <http://www.ers.usda.gov/media/127579/eib>
- Levitt, S. D. (1999). The Changing Relationship between Income and Crime Victimization. *FRBNY Economic Policy Review*. Retrieved from <https://core.ac.uk/download/pdf/6792976.pdf>
- Li, W., Farkas, G., Duncan, G. J., Burchinal, M. R., & Vandell, D. L. (2013). Timing of High-Quality Child Care and Cognitive, Language, and Preacademic Development. *Developmental Psychology*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4034459/>
- Liaw, W., Petterson, S., Rabin, D. L., & Bazemore, A. (2014). The Impact of Insurance and a Usual Source of Care on Emergency Department Use in the United States. *International Journal of Family Medicine*. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3941574/>
- Litman, T. (2015). *Analysis of Public Policies That Unintentionally Encourage and Subsidize Urban Sprawl*. The Global Commission on the Economy and Climate, The New Climate Economy. Retrieved from <http://static.newclimateeconomyreport/wp-content/uploads/2015/03/public-policies-encourage-sprawl-nce-report.pdf>
- Long, M., Rae, M., Claxton, G., & Damico, A. (2016). *Trends in Employer-Sponsored Insurance Offer and Coverage Rates, 1999-2014*. Kaiser Family Foundation. Retrieved from <http://kff.org/private-insurance/issue-brief/trends-in-employer-sponsored-insurance-offer-and-coverage-rates-1999-2014/>
- Lorette, K. (2016). Penalties for Tax Evasion. *Houston Chronicle*. Retrieved from <http://smallbusiness.chron.com/penalties-tax-evasion-4224.html>
- Ludden, J. (2016). Poverty Wages For U.S. Child Care Workers May Be Behind High Turnover. Retrieved from <http://www.npr.org/sections/health-shots/2016/11/07/500407637/poverty-wages-for-u-s-child-care-workers-may-be-behind-high-turnover>
- Luna, J., & Leopold, J. (2013). *Landlord discrimination restricts the use of rental vouchers*. Urban Institute. Retrieved from <http://www.urban.org/urban-wire/landlord-discrimination-restricts-use-rental-vouchers>
- Ma, C., Gee, L., & Kushel, M. (2008). Associations Between Housing Instability and Food Insecurity with Health Care Access in Low-income Children. *Ambulatory Pediatrics*. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/18191782>
- Madowitz, M., Rowell, A., & Hamm, K. (2016). *Calculating the Hidden Cost of Interrupting a Career for Child Care*. Center for American Progress. Retrieved from <https://cdn.americanprogress.org/wp-content/uploads/2016/06/17091517/ChildCareCalculator-methodology.pdf>
- Malik, R., Hamm, K., Adamu, M., & Morrissey, T. (2016). *Child Care Deserts*. Center for American Progress. Retrieved from <https://www.americanprogress.org/issues/early-childhood/reports/2016/10/27/225703/child-care-deserts/>
- Maqbool, N., Viveiros, J., & Ault, M. (April 2015). *The Impacts of Affordable Housing on Health: A Research Summary*. Center for Housing Policy. Retrieved from http://www2.nhc.org/HSGandHealthLitRev_2015_final.pdf
- Marr, C., & Huang, C. (2012, September 17). *Misconceptions And Realities About Who Pays Taxes*. Center on Budget and Policy Priorities. Retrieved from <http://www.cbpp.org/sites/default/files/atoms/files/5-26-11tax.pdf>
- Marr, C., Huang, C., Sherman, A., & Debot, B. (2015, October 1). *EITC and Child Tax Credit Promote Work, Reduce Poverty, and Support Children's Development, Research Finds*. Center on Budget and Policy Priorities. Retrieved from <http://www.cbpp.org/research/federal-tax/eitc-and-child-tax-credit-promote-work-reduce-poverty-and-support-childrens>

- Mayer, C., & Pence, K. (2008). *Subprime Mortgages: What, Where, and to Whom?* Federal Reserve Board. Retrieved from <https://www.federalreserve.gov/pubs/feds/2008/200829/200829pap.pdf>
- McCarthy, D., Radley, D., & Hayes, S. (2015). *Aiming Higher: Results from a Scorecard on State Health System Performance, 2015 Edition*. Commonwealth Fund. Retrieved from <http://www.commonwealthfund.org/publications/fund-reports/2015/dec/aiming-higher-2015>
- McElwee, S. (2016). *Enough to Make You Sick: The Burden of Medical Debt*. Retrieved from <http://www.demos.org/publication/enough-make-you-sick-burden-medical-debt>
- McKinsey & Company. (2009). *The Economic Impact of the Achievement Gap in America's Schools*. Retrieved from http://mckinseyonsociety.com/downloads/reports/Education/achievement_gap_report.pdf
- McQueen, M. (2008, December 17). Road Risks Rise as More Drivers Drop Insurance: Higher Premiums, Joblessness Contribute to Alarming Trend; What to Do When You're Hit . *Wall Street Journal*. Retrieved from <http://online.wsj.com/article/SB122947388659212351.html>
- Medicare. (2016). *Your Medicare Coverage: Dental Services*. Retrieved from <https://www.medicare.gov/coverage/dental-services.html>
- Medicare. (2016). *Your Medicare Coverage: Eye Exams*. Retrieved from <https://www.medicare.gov/coverage/eye-exams.html>
- Mental Health America. (2015). *Parity or Disparity: The State of Mental Health in America 2015*. Retrieved from <http://www.mentalhealthamerica.net/sites/default/files/Parity%20or%20Disparity%20Report%20FINAL.pdf>
- Merle, R. (2010). Minorities Hit Harder by Foreclosure Crisis. *Washington Post*. Retrieved from <http://www.washingtonpost.com/wp-dyn/content/article/2010/06/18/AR2010061802885.html>
- Mersky, J., Topitzes, J., & Reynolds, A. (2013). Impacts of Adverse Childhood Experiences on Health, Mental Health, and Substance Use in Early Adulthood: A Cohort Study of an Urban, Minority Sample in the U.S. *Child Abuse & Neglect*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4090696/>
- MetLife Mature Market Institute. (2010, February). *The MetLife Study of Working Caregivers and Employer Health Care Costs*. Retrieved from <https://www.metlife.com/assets/cao/mmi/publications/studies/2011/mmi-caregiving-costs-working-caregivers.pdf>
- Mitra, D. (2011). *Pennsylvania's Best Investment: The Social and Economic Benefits of Public Education*. Pennsylvania State University. Retrieved from http://www.elc-pa.org/wp-content/uploads/2011/06/BestInvestment_Full_Report_6.27.11.pdf
- Mojtabai, R. (2005). Trends in Contacts With Mental Health Professionals and Cost Barriers to Mental Health Care Among Adults With Significant Psychological Distress in the United States: 1997–2002. *American Journal of Public Health*. Retrieved from <http://ajph.aphapublications.org/doi/10.2105/AJPH.2003.037630>
- Moore, K. (2013, August). Food Stamp Fraud: Some Recipients Used Cash to Pay for Rent, Power and Toilet Paper. *Daily Gazette*. Retrieved from https://dailygazette.com/article/2013/08/03/0804_foodstamps
- Morse, S., Karlinsky, S., & Bankman, J. (2009). Cash Businesses and Tax Evasion. *Stanford Law & Policy Review*, 20(1), 37-68. Retrieved from <https://law.stanford.edu/wp-content/uploads/sites/default/files/publication/259083/doc/slspublic/Morse%20Bankman%20Karlinsky%2020StanLPolyRev37.pdf>
- Myers, A. (2015). *Non-Emergency Medical Transportation: A Vital Lifeline for a Healthy Community*. National Conference of State Legislatures. Retrieved from <http://www.ncsl.org/research/transportation/non-emergency-medical-transportation-a-vital-lifeline-for-a-healthy-community.aspx>
- National Alliance on Mental Illness (NAMI). (2015). *Mental Health by the Numbers*. Retrieved from <http://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>
- National Alliance to End Homelessness. (2010). *Interactive Tool: Cost Savings with Permanent Supportive Housing*. Retrieved from <http://www.endhomelessness.org/library/entry/cost-savings-with-permanent-supportive-housing>
- National Alliance to End Homelessness. (2015). *Cost of Homelessness*. Retrieved December 18, 2015, from http://www.endhomelessness.org/pages/cost_of_homelessness
- National Alliance to End Homelessness. (2015). *The State of Homelessness in America*. Retrieved from http://www.endhomelessness.org/page/-/files/State_of_Homelessness_2015_FINAL_online.pdf
- National Association for the Education of Young Children. (2009). *Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth through Age 8*. Retrieved from <http://www.naeyc.org/files/naeyc/file/positions/PSDAP.pdf>
- National Association of Dental Plans. (2014). *Who Has Dental Benefits?* Retrieved from http://www.nadp.org/Dental_Benefits_Basics/Dental_BB_1.aspx
- National Center for Education Statistics. (2014). Table 309.10: Residence and Migration of All First-time Degree/Certificate-seeking Undergraduates in Degree-granting Postsecondary Institutions, by State or Jurisdiction: Fall 2012. Retrieved from http://nces.ed.gov/programs/digest/d14/tables/dt14_309.10.asp
- National Center for Education Statistics. (2015). *The Condition of Education*. Retrieved from https://nces.ed.gov/pubs2015/2015144_highlights.pdf

National Center for Education Statistics. (2016). *College Student Employment*. Retrieved from https://nces.ed.gov/programs/coe/pdf/coe_ssa.pdf

National Coalition for the Homeless. (2007). *Education of Homeless Children and Youth*. Retrieved from <http://www.nationalhomeless.org/publications/facts/education.pdf>

National Coalition for the Homeless. (2009). *Foreclosure to Homelessness 2009: the Forgotten Victims of the Subprime Crisis*. Retrieved from <http://www.nationalhomeless.org/advocacy/ForeclosuretoHomelessness0609.pdf>

National Council of La Raza. (2014). *New Survey Highlights Barriers to Access Health Care in Latino Communities*. Retrieved from <http://blog.unidosus.org/2014/07/15/new-survey-highlights-barriers-access-health-care-latino-communities/>

National Economic Council and the President's Council of Economic Advisers. (July 2014). *An Economic Analysis of Transportation Infrastructure Investment*. The White House. Retrieved from https://obamawhitehouse.archives.gov/sites/default/files/docs/economic_analysis_of_transportation_investments.pdf

National Eye Institute. (2010). *All Vision Impairment*. Retrieved from https://nei.nih.gov/eyedata/vision_impaired

National Eye Institute. (2016). *Prevalence of Adult Vision Impairment and Age-Related Eye Diseases in America*. Retrieved from https://nei.nih.gov/eyedata/adultvision_usa

National Institute for Early Education Research. (2015). *The State of Preschool 2015: State Preschool Yearbook*. Retrieved from http://nieer.org/wp-content/uploads/2016/05/Yearbook_2015_rev1.pdf

National Institute of Diabetes and Digestive and Kidney Disease. (2012). *Overweight and Obesity Statistics*. Retrieved from <https://www.niddk.nih.gov/health-information/health-statistics/Pages/overweight-obesity-statistics.aspx>

National Low Income Housing Coalition (NLIHC). (2004). *A Look at Waiting Lists: What can we learn from the HUD Approved Annual Plans?* Retrieved from <http://nlihc.org/sites/default/files/04-03WaitingLists.pdf>

National Low Income Housing Coalition (NLIHC). (2012). *Who Lives in Federally Assisted Housing?* Retrieved from <http://nlihc.org/sites/default/files/HousingSpotlight2-2.pdf>

National Low Income Housing Coalition. (2016). *Out of Reach 2016: No Refuge for Low Income Renters*. Retrieved from http://nlihc.org/sites/default/files/oor/OOR_2016.pdf

National Patient Advocate Foundation. (2016). *Transportation: The Road to Nowhere for Too Many Patients*. NPAF Spring Policy Consortium, May 18, 2016. Retrieved from <http://events.r20.constantcontact.com/register/event?llr=ylmiowuab&oeidk=a07ec4a2o5d3ee2954f>

National Rural Health Association. (2017). *About Rural Health Care*. Retrieved from <https://www.ruralhealthweb.org/about-nrha/about-rural-health-care>

National WIC Association. (November 2011). *WIC Funding: What Does Sequestration Mean for WIC's Future?* Retrieved from http://www.paramountcommunication.com/nwica/WIC_Funding_&_Sequestration2.pdf

New York City Department of Homeless Services. (2016). Retrieved from <http://www1.nyc.gov/assets/operations/downloads/pdf/mmr2016/dhs.pdf>

New York City Housing Authority. (2016). *Facts About NYCHA*. Retrieved from <https://www1.nyc.gov/assets/nycha/downloads/pdf/factsheet.pdf>

Obama White House. (2014). *The Economics of Early Childhood Investments*. Retrieved from https://obamawhitehouse.archives.gov/sites/default/files/docs/early_childhood_report1.pdf

Ogden, C., Carroll, M., Fryar, C., & Flegal, K. (November 2015). *Prevalence of Obesity Among Adults and Youth: United States, 2011 - 2014*. Data Brief No. 219, Centers for Disease Control and Prevention, National Center for Health Statistics. Retrieved from <https://www.cdc.gov/nchs/data/databriefs/db219.pdf>

Ong, P. M., & Stoll, M. A. (2007). Redlining or Risk? A Spatial Analysis of Auto Insurance in Los Angeles. *Journal of Policy Analysis and Management*. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1002/pam.20287/full>

PAHRC. (2015). *Value of Home 2015 PAHRC Report*. Retrieved from <https://www.housingcenter.com/sites/default/files/2015-pahrc-report-value-of-home.pdf>

Paradise, J., Rosenbaum, S., Markus, A., Sharac, J., Tran, C., Reynolds, D., & Shin, P. (2017). *Community Health Centers: Recent Growth and the Role of the ACA*. Kaiser Family Foundation. Retrieved from <http://www.kff.org/medicaid/issue-brief/community-health-centers-recent-growth-and-the-role-of-the-aca/>

Parity Project, NAMI-New York City Metro. (2003). *Untreated and Under-Treated Mental Health Problems - How are they Hurting Your Business?* Parity Project. Retrieved from <http://www.mentalhealthpromotion.net/resources/untreated-and-undertreated-mental-health-problems-how-are-they-hurting-your-business.pdf>

PayScale. (2014). *2013-2014 PayScale College Salary Report*. Retrieved from <http://www.payscale.com/college-salary-report-2014/majors-that-pay-you-back>

PBS NewsHour. (2014). *Without funds to pay fines, minor incidents can mean jail time*. Retrieved from PBS NewsHour: <http://www.pbs.org/newshour/bb/without-funds-pay-fines-minor-incident-can-mean-jail-time/>

- Perez, G. (2016). Latino State of Enrollment: Persistent Health Disparities, Barriers and Gains Under the ACA. *Enroll America's 2016 State of Enrollment*. Washington, D.C. Retrieved from <https://www.slideshare.net/EnrollAmerica/latino-state-of-enrollment-persistent-health-disparities-barriers-and-gains-under-the-aca>
- Pew Research Center. (2014). *The Rising Cost of Not Going to College*. Retrieved from <http://www.pewsocialtrends.org/2014/02/11/the-rising-cost-of-not-going-to-college/>
- Pew Research Center. (2014). *The Rising Cost of Not Going to College, Chapter 1: Education and Economic Outcomes Among the Young*. Retrieved from <http://www.pewsocialtrends.org/2014/02/11/chapter-1-education-and-economic-outcomes-among-the-young/>
- Pew Research Center. (2016). *Who Relies on Public Transit in the US*. Retrieved from <http://www.pewresearch.org/fact-tank/2016/04/07/who-relies-on-public-transit-in-the-u-s/>
- Piette, J., Rosland, A. M., Silveira, M. J., Hayward, R., & McHorney, C. (2011). Medication Cost Problems Among Chronically Ill Adults in the US: Did the Financial Crisis Make a Bad Situation Worse? *Patient Preference and Adherence*, 187-194. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3090380/>
- Pipkin, W. (2016). *Why This Food Bank is Turning Away Junk Food*. Retrieved from <http://civileats.com/2016/08/15/why-this-food-bank-is-turning-away-junk-food/>
- Pollitz, K., Cox, C., Lucia, K., & Keith, K. (2014). *Medical Debt Among People With Health Insurance*. Retrieved from <http://kff.org/private-insurance/report/medical-debt-among-people-with-health-insurance/>
- Polsky, D., Richards, M., Bassey, S., Wissoker, D., Kenney, G. M., Zuckerman, S., & Rhodes, K. V. (2015). Appointment Availability after Increases in Medicaid Payments for Primary Care. *New England Journal of Medicine*. Retrieved from <http://www.nejm.org/doi/full/10.1056/NEJMsa1413299>
- Powell, A. (2016). The costs of inequality: Money = quality health care = longer life. *Harvard Gazette*. Retrieved from <http://news.harvard.edu/gazette/story/2016/02/money-quality-health-care-longer-life/>
- Prevost, L. (2013). *Snob Zones: Fear, Prejudice, and Real Estate*. Boston, MA: Beacon Press. Retrieved from <http://www.amazon.com/Snob-Zones-Fear-Prejudice-Estate-ebook/dp/B008ED6AL8>
- Project on Student Debt. (2016). *Student Debt and the Class of 2015*. The Institute for College Access & Success. Retrieved from http://ticas.org/sites/default/files/pub_files/classof2015.pdf
- Rachidi, A. (2015). *Child Care Assistance in the United States and Nonstandard Work Schedules*. Retrieved from <https://www.aei.org/publication/child-care-assistance-in-the-united-states-and-nonstandard-work-schedules/>
- Rae, M., Damico, A., Cox, C., Claxton, G., & Levitt, L. (2015). *The Cost of the Individual Mandate Penalty for the Remaining Uninsured*. Kaiser Family Foundation. Retrieved from <https://www.kff.org/health-reform/issue-brief/the-cost-of-the-individual-mandate-penalty-for-the-remaining-uninsured/>
- Rainville, C., Skufca, L., & Mehegan, L. (2016). *Family Caregiving and Out-of-Pocket Costs: 2016 Report*. AARP. Retrieved from http://www.aarp.org/content/dam/aarp/research/surveys_statistics/ltc/2016/family-caregiving-cost-survey-res-ltc.pdf
- Ramchand, R., Tanielian, T., Fisher, M. P., Vaughan, C. A., Trail, T. E., Epley, C., . . . Ghosh-Dastidar, B. (2014). *Hidden Heroes: America's Military Caregivers*. RAND Corporation. Retrieved from http://www.rand.org/content/dam/rand/pubs/research_reports/RR400/RR499/RAND_RR499.appendixH.pdf
- Randolph, E. (2014). *Modeling Potential Income and Welfare-Assistance Benefits in Illinois*. Illinois Policy Institute. Retrieved from https://d2dv7hze646xr.cloudfront.net/wp-content/uploads/2014/12/Welfare_Report_finalfinal.pdf
- Reardon, S. F., & Portilla, X. A. (2015). *Recent Trends in Socioeconomic and Racial School Readiness Gaps at Kindergarten Entry*. Retrieved from <http://cepa.stanford.edu/sites/default/files/reardon%20portilla%20school%20readiness%20gap%20trends%2014jan2015.pdf>
- Reinhard, S. C., Levine, C., & Samis, S. (2012). *Home Alone: Family Caregivers Providing Complex Chronic Care*. AARP. Retrieved from <http://www.aarp.org/home-family/caregiving/info-10-2012/home-alone-family-caregivers-providing-complex-chronic-care.html>
- Remington, P., Catlin, B., & Gennuso, K. (2015). The County Health Rankings: rationale and methods. *Population Health Metrics*, 13(11). Retrieved from <https://pophealthmetrics.biomedcentral.com/articles/10.1186/s12963-015-0044-2>
- Rice, L. (2004). *Transportation Spending by Low-Income California Households*. Public Policy Institute of California. Retrieved from http://www.ppic.org/content/pubs/report/R_704LRR.pdf
- Riley, S. F., Ru, H., & Feng, Q. (2013). The User Cost of Low-Income Homeownership. *The Journal of Regional Analysis & Policy*. Retrieved from http://www.jrap-journal.org/pastvolumes/2010/v43/v43_n2_a3_riley_etal.pdf
- Riquier, A. (July 27, 2016). This One Chart Shows How Dramatically Foreclosures Have Fallen. *MarketWatch*. Retrieved from <http://www.marketwatch.com/story/where-have-all-the-foreclosures-gone-2016-07-26>
- Robert Wood Johnson Foundation. (2011, December). *Health Care's Blind Side: The Overlooked Connection Between Social Needs and Good Health: Summary of Findings from a Survey of America's Physicians*. Retrieved from <http://www.rwjf.org/files/research/RWJPhysiciansSurveyExecutiveSummary.pdf>

Robert Wood Johnson Foundation. (2016). *Health Policy Brief*. Retrieved from http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_152.pdf

Roberto, E., & Puentes, R. (2008). *Commuting to Opportunity: The Working Poor and Commuting in the United States*. Brookings Institution. Retrieved from <https://www.brookings.edu/research/commuting-to-opportunity-the-working-poor-and-commuting-in-the-united-states/>

Rose, A. S., & Hill, C. (2013). *Women in Community Colleges: Access to Success*. Retrieved from <http://www.aauw.org/files/2013/05/women-in-community-colleges.pdf>

Rosenheck, R. (2000). Cost-Effectiveness of Services for Mentally Ill Homeless People: The Application of Research to Policy and Practice. *American Journal of Psychiatry*, 157, 1563–1570. Retrieved from <http://ajp.psychiatryonline.org/doi/pdf/10.1176/appi.ajp.157.10.1563>

Ross, J. S., Bernheim, S. M., Bradley, E. H., Teng, H.-M., & Gallo, W. T. (2007). Use of Preventive Care by the Working Poor in the United States. *Preventive Medicine*. Retrieved from <http://www.sciencedirect.com/science/article/pii/S009174350600466X>

RTI International. (2014). Current and Prospective Scope of Hunger and Food Security in America. Retrieved from http://www.rti.org/sites/default/files/resources/full_hunger_report_final_07-24-14.pdf

Russell, B. (2015). *Most States Lag On Delivering Valuable, Preventive Dental Care To Low-Income Children*. Retrieved from Health Affairs: <http://healthaffairs.org/blog/2015/07/27/most-states-lag-on-delivering-valuable-preventive-dental-care-to-low-income-children/>

Ryan, C., & Bauman, K. (March 2016). *Educational Attainment in the United States: 2015*. U.S. Census Bureau, Current Population Reports. Retrieved from <http://www.census.gov/content/dam/Census/library/publications/2016/demo/p20-578.pdf>

SBDCNet. (2014). *Daycare Business 2014*. Retrieved from <http://www.sbdnet.org/small-business-research-reports/>

Schmitt, J. (January 2012). *Low-wage Lessons*. Center for Economic and Policy Research. Retrieved from <http://www.cepr.net/documents/publications/low-wage-2012-01.pdf>

Schulman, K., & Blank, H. (2014). *Turning the Corner: State Child Care Assistance Policies 2014*. National Women's Law Center. Retrieved from http://www.nwlc.org/sites/default/files/pdfs/nwlc_2014statechildcareassistancereport-final.pdf

Scommegna, P. (2016). *Today's Research on Aging: Family Caregiving*. Retrieved from <http://www.prb.org/Publications/Reports/2016/todays-research-aging-caregiving.aspx>

Seligman, H. (2016). *Food Insecurity, Health, and Health Care*. Retrieved from https://cyp.ucsf.edu/resources/Seligman_Issues_Brief_1.24.16.pdf

Seligman, H., Laraia, B., & Kushel, M. (2010, February). Food Insecurity Is Associated with Chronic Disease Among Low-Income NHANES Participants. *The Journal of Nutrition*, 140(2). Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2806885/>

Shackman, G., Yu, C., Edmunds, L. S., Clarke, L., & Sekhobo, J. P. (2015). Relation Between Annual Trends in Food Pantry Use and Long-Term Unemployment in New York State, 2002–2012. *American Journal of Public Health*. Retrieved from http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2014.302382?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=crpub%3Dpubmed&

Shapiro, I., Greenstein, R., Trisi, D., & DaSilva, B. (2016). *It Pays to Work: Work Incentives and the Safety Net*. Center on Budget and Policy Priorities. Retrieved from <http://www.cbpp.org/research/federal-tax/it-pays-to-work-work-incentives-and-the-safety-net>

Sharkey, J. R., Xu, J., & Dean, W. R. (2013). Two-year Food Security Transition and Nutrient Intake among Homebound SJoseph R. Sharkey1, Jin Xu2 and Wesley R. Dean1eniors. *The FASEB Journal*.

Shlay, A. (2006). Low-income Homeownership: American Dream or Delusion? *Urban Studies*, 43(3). Retrieved from <http://journals.sagepub.com/doi/abs/10.1080/00420980500452433>

Silver, D., Blustein, J., & Weitzman, B. C. (2012, April). Transportation to Clinic: Findings from a Pilot Clinic-based Survey of Low-income Suburbanites. *Journal of Immigrant and Minority Health*. Retrieved from <http://link.springer.com/article/10.1007%2F10903-010-9410-0>

Skopec, L., Kenney, G., & Zuckerman, S. (2016). *The Uninsured Drop Slowed But Continued Between 2014 And 2015*. Retrieved from Health Affairs Blog: <http://healthaffairs.org/blog/2016/10/05/the-uninsured-drop-slowed-but-continued-between-2014-and-2015/>

Sloan, F., & Hsieh, C.-R. (2017). *Health Economics* (2nd ed.). Retrieved from <https://books.google.com/books?id=420IDgAAQBAJ&dq=insurance+coverage+against+work+opportunities+including+career+advancement.+work+conditions>

Solomon, T. R. (2016). *Lessons from Flint: The Case for Investing in the Building Blocks of Communities of Color*. Center for American Progress. Retrieved from <https://www.americanprogress.org/issues/race/reports/2016/03/03/132341/lessons-from-flint-the-case-for-investing-in-the-building-blocks-of-communities-of-color/>

Sommers, B., Blendon, R., & Orav, E. (October 2016). Changes in Utilization and Health Among Low-Income Adults After Medicaid Expansion or Expanded Private Insurance. *JAMA Internal Medicine*, 176(10), 1501-1509. Retrieved from <http://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2542420>

Stagman, S., & Cooper, J. L. (2010, April). *Children's Mental Health: What Every Policymaker Should Know*. National Center for Children in Poverty. Retrieved from http://www.nccp.org/publications/pdf/text_929.pdf

- Stetser, M., & Stillwell, R. (2014, April). *Public High School Four-Year On-Time Graduation Rates and Event Dropout Rates: School Years 2010–11 and 2011–12*. National Center for Education Statistics, U.S. Department of Education. Retrieved from <http://nces.ed.gov/pubs2014/2014391.pdf>
- Stevenson, M. (2016). *Distortion of Justice: How the Inability to Pay Bail Affects Case Outcomes*. Retrieved from <https://www.law.upenn.edu/cf/faculty/mstevens/workingpapers/Distortion-of-Justice-April-2016.pdf>
- Stewart, N. (2016). Obama Will Seek \$11 Billion for Homeless Families. *New York Times*. Retrieved from http://www.nytimes.com/2016/02/09/nyregion/obama-to-propose-11-billion-to-combat-family-homelessness.html?_r=1
- Strom, S., & Schmitt, M. (2016). *Protecting Workers in a Patchwork Economy*. The Century Foundation. Retrieved from <https://tcf.org/content/report/protecting-workers-patchwork-economy/>
- Stutzer, A., & Frey, B. (2004). Stress That Doesn't Pay: The Commuting Paradox. *IZA*. Retrieved from <http://ftp.iza.org/dp1278.pdf>
- Sullivan, J. (2015, April 21). *How Commute Issues Can Dramatically Impact Employee Retention*. Retrieved from TLNT: <http://www.ereMEDIA.com/tlnt/how-commute-issues-can-dramatically-impact-employee-retention/>
- Sundby, D. (2016). *Summary of Incidents in Unlicensed Child Care FY 2011 – FY 2016*. Retrieved from https://del-public-files.s3-us-west-2.amazonaws.com/Partnerships/120616_ELAC_Unlicensed_Care_Summary_Analysis.pdf
- Syed, S. T., Gerber, B. S., & Sharp, L. K. (2013, October). Traveling Towards Disease: Transportation Barriers to Health Care Access. *Journal of Community Health*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4265215/>
- Tanielian, T., Ramchand, R., Fisher, M. P., Sims, C. S., Harris, R., & Harrell, M. (2013). *Military Caregivers: Cornerstones of Support for Our Nation's Wounded, Ill, and Injured Veterans*. RAND Corporation. Retrieved from http://www.rand.org/pubs/research_reports/RR244.html
- Taylor, B., & Morris, E. (2015, March). Public transportation Objectives and Rider Demographics: Are Transit's Priorities Poor Public Policy. *Transportation*, 347-67. Retrieved from <http://link.springer.com/article/10.1007/s11116-014-9547-0>
- Taylor, C. (2014). Your Commute is Costing You More than You Realize. *Reuters*. Retrieved from <http://www.reuters.com/article/us-usa-commute-costs-idUSKBN0E721M20140527>
- Taylor, N. F. (2015). 13 Part-Time Jobs with Benefits. *Business News Daily*. Retrieved from <http://www.businessnewsdaily.com/5752-part-time-jobs-with-benefits.html>
- The Aspen Institute. (2016). *Advancing Health through Food Security*. Retrieved from <http://childrenshealthwatch.org/wp-content/uploads/Aspen-Report.pdf>
- The Commonwealth Fund. (2015). *How High Is America's Health Care Cost Burden?* Retrieved from <http://www.commonwealthfund.org/publications/issue-briefs/2015/nov/how-high-health-care-burden>
- The Indiana Institute for Working Families. (2012). *The Cliff Effect: One Step Forward, Two Steps Back*. Retrieved from <http://www.incap.org/documents/iwfw/2012/Cliff%20Effect.pdf>
- The Pew Charitable Trusts. (2016). *Older Americans Need Better Access to Dental Care*. Retrieved from http://www.pewtrusts.org/~media/assets/2016/07/olderamericans_fs_final.pdf
- The Pre-Kindergarten Task Force. (2017). *The Current State of Scientific Knowledge on Pre-Kindergarten Effects*. The Brookings Institution and Duke University Center for Child and Family Policy. Retrieved from https://www.brookings.edu/wp-content/uploads/2017/04/duke_prekstudy_final_4-4-17_hires.pdf
- Tomer, A., Kneebone, E., Puentes, R., & Berube, A. (2011, May). *Missed Opportunity: Transit and Jobs in Metropolitan America*. Metropolitan Policy Program, Brookings Institution. Retrieved from http://www.brookings.edu/~media/research/files/reports/2011/5/12-jobs-and-transit/0512_jobs_transit.pdf
- TransUnion. (2015). *TransUnion SmartMove: Number of Evictions Records Reaches Lowest Level Since 2009*. Retrieved from <http://newsroom.transunion.com/transunion-smartmove-number-of-evictions-records-reaches-lowest-level-since-2009>
- Traub, A., & Ruetschlin, C. (2012). *The Plastic Safety Net*. Demos. Retrieved from <http://www.demos.org/sites/default/files/publications/PlasticSafetyNet-Demos.pdf>
- Trella, D., & Hilton, T. (2014). "They Can Only Do So Much:" Use of Family While Coping with Rural Homelessness. *Contemporary Rural Social Work*, 6. Retrieved from <http://journal.minotstateu.edu/crs/article/viewFile/653/369>
- Treuhart, S., & Karpyn, A. (2010). *The Grocery Gap: Who Has Access to Healthy Foods and Why it Matters*. Retrieved from http://thefoodtrust.org/uploads/media_items/grocerygap.original.pdf
- Trubka, R., Newman, P., & Bilsborough, D. (2010). The Costs of Urban Sprawl - Infrastructure and Transportation. *Environment Design Guide*. Retrieved from <https://www.crcsi.com.au/assets/Resources/b6e1625f-d90b-433d-945a-6afeff2e42f6.pdf>
- Tu, J. I. (2015). Low pay and long, pricey commute often go hand in hand. *Seattle Times*. Retrieved from <http://www.seattletimes.com/business/economy/low-pay-long-pricey-commute-often-go-hand-in-hand/>
- Turner, M. (2003). *Strengths and Weaknesses of the Housing Voucher Program*. Urban Institute. Retrieved from <http://www.urban.org/sites/default/files/publication/64536/900635-Strengths-and-Weaknesses-of-the-Housing-Voucher-Program.pdf>
- Turner, T., & Smith, M. (February 2009). Exits from Homeownership: The Effects of Race, Ethnicity, and Income. *Journal of Regional Science*, 49(1), 1-32. Retrieved from https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1335607

Tyler, J., & Lofstrom, M. (2009, Spring). Finishing High School: Alternative Pathways and Dropout Recovery. *America's High Schools, Volume 19*(Number 1). Retrieved from <http://www.princeton.edu/futureofchildren/publications/journals/article/index.xml?journalid=30&articleid=49§ionid=175>

U.S. Census Bureau. (2015). Health Insurance Coverage in the United States: 2014. *Current Population Reports*. Retrieved from Current Population Reports: <https://www.census.gov/content/dam/Census/library/publications/2015/demo/p60-253.pdf>

U.S. Department of Agriculture (USDA). (2010). *Changing Participation in Food Assistance Programs Among Low-Income Children After Welfare Reform*. Retrieved from <https://www.ers.usda.gov/publications/pub-details/?pubid=46365>

U.S. Department of Agriculture (USDA). (2010a). *WIC Participation Patterns: An Investigation of Delayed Entry & Early Exit*. Retrieved from <https://www.ers.usda.gov/publications/pub-details/?pubid=44783>

U.S. Department of Agriculture (USDA). (2012). *How Economic Conditions Affect Participation in USDA Nutrition Assistance Programs*. Retrieved from <https://www.nwica.org/bibliography/how-economic-conditions-affect-participation-in-usda-nutrition-assistance-programs>

U.S. Department of Agriculture (USDA). (2013). *WIC*. Retrieved from <https://www.fns.usda.gov/wic/about-wic-how-wic-helps>

U.S. Department of Agriculture (USDA). (2014). *Official USDA Food Plans: Cost of Food at Home at Four Levels, U.S. Average, July 2014*. Retrieved from https://www.cnpp.usda.gov/sites/default/files/usda_food_plans_cost_of_food/CostofFoodJul2014.pdf

U.S. Department of Agriculture (USDA). (2016). *Supplemental Nutrition Assistance Program Participation and Costs*. Retrieved from <http://www.fns.usda.gov/sites/default/files/pd/SNAPsummary.pdf>

U.S. Department of Agriculture (USDA). (2016a). *WIC Program Participation and Costs*. Retrieved from <http://www.fns.usda.gov/sites/default/files/pd/wisummary.pdf>

U.S. Department of Agriculture Food & Nutrition Service. (2016). *WIC Program Grant Levels by State Agency: FY 2016 WIC Grant Levels*. Retrieved from <https://www.fns.usda.gov/wic/wic-funding-and-program-data>

U.S. Department of Education. (2015). *A Matter of Equity: Preschool in America*. Retrieved from <https://www2.ed.gov/documents/early-learning/matter-equity-preschool-america.pdf>

U.S. Department of Health and Human Services. (2000). *Child Care Quality: Does it Matter and Does it Need to be Improved?* Office of the Assistant Secretary for Planning and Evaluation. Retrieved from <https://aspe.hhs.gov/execsum/child-care-quality-does-it-matter-and-does-it-need-to-be-improved>

U.S. Department of Health and Human Services. (2013, May 20). Child Care and Development Fund (CCDF) Program; Proposed Rule. *Federal Register*, 78(97). Retrieved from <https://www.gpo.gov/fdsys/pkg/FR-2013-05-20/html/2013-11673.htm>

U.S. Department of Health and Human Services. (2014). *2014 Poverty Guidelines*. Retrieved from <https://aspe.hhs.gov/2014-poverty-guidelines>

U.S. Department of Health and Human Services and U.S. Department of Education. (2016). *High-Quality Early Learning Settings Depend on a High-Quality Workforce*. Retrieved from <https://www2.ed.gov/about/inits/ed/earlylearning/files/ece-low-compensation-undermines-quality-report-2016.pdf>

U.S. Department of Housing and Urban Development (HUD). (2014). *Creating Connected Communities*. Center for Transit-Oriented Development. Retrieved from http://www.huduser.gov/portal/publications/pdf/Creating_Cnnted_Comm.pdf

U.S. Department of Housing and Urban Development (HUD). (2014a). *Fair Market Rents*. Retrieved from <https://www.huduser.gov/portal/datasets/fmr.html>

U.S. Department of Housing and Urban Development (HUD). (2015). *The 2015 Annual Homeless Assessment Report (AHAR) to Congress*. Retrieved from <https://www.hudexchange.info/resources/documents/2015-AHAR-Part-1.pdf>

U.S. Department of Housing and Urban Development (HUD). (2016). *Breaking Down Barriers: Housing, Neighborhoods, and Schools of Opportunity*. Retrieved from <https://www.huduser.gov/portal/sites/default/files/pdf/insight-4.pdf>

U.S. Department of Housing and Urban Development (HUD). (2016). *Neighborhoods and Violent Crime*. Retrieved from <https://www.huduser.gov/portal/periodicals/em/summer16/highlight2.html>

U.S. Department of Transportation. (2015). *Beyond Traffic: Trends and Choices 2045*. Retrieved from https://www.transportation.gov/sites/dot.gov/files/docs/Draft_Beyond_Traffic_Framework.pdf

U.S. Department of Veteran Affairs. (2016). *VA Is Working to End Homelessness Among Veterans*. Retrieved from http://www.va.gov/homeless/about_the_initiative.asp

U.S. Government Accountability Office (U.S. GAO). (2012). *Federal Tax Debts: Factors for Considering a Proposal to Report Tax Debts to Credit Bureaus*. Retrieved from <http://www.gao.gov/products/GAO-12-939>

U.S. Government Accountability Office (U.S. GAO). (July 2015). *Medicaid: Key Issues Facing the Program*. Retrieved from <http://www.gao.gov/assets/680/671761.pdf>

U.S. Senate Committee on Health, Education, Labor & Pensions. (2012). *Dental Crisis in America: the Need to Expand Access*. A Report from Chairman Bernard Sanders, Subcommittee on Primary Health & Aging. Retrieved from <http://www.sanders.senate.gov/imo/media/doc/DENTALCRISIS.REPORT.pdf>

U.S. Small Business Administration. (2016). *Small Business Profile*. Retrieved from <https://www.sba.gov/advocacy/small-business-profiles-states-and-territories-2016>

- United Way ALICE Project. (2016). *2016 Executive Summary: A Multi-State Comparison*. Retrieved from http://unitedwayalice.org/documents/16UW%20ALICE%20Report_MultiStatesSummery_12.23.16_Lowres.pdf
- University of California, Davis. (2015). *How is Poverty Related to Access to Care and Preventive Healthcare?* Retrieved from <http://poverty.ucdavis.edu/faq/how-poverty-related-access-care-and-preventive-healthcare>
- University of Wisconsin-Milwaukee Employment & Training Institute. (2015). *Driver's License Issues and Recommendations*. Retrieved from <http://www4.uwm.edu/eti/2015/DriversIssuesJune2015.pdf>
- Urbana IDOT Traffic Stop Data Task Force. (2015, July 2). *Preliminary Findings*. Retrieved from <http://will.illinois.edu/nfs/idot-traffic-stop-data-task-force-preliminary-findings.pdf>
- van Ommeren, J., & Gutierrez-i-Puigarnau, E. (2011, January). Are workers with a long commute less productive? An empirical analysis of absenteeism. *Regional Science and Urban Economics*, 41(1), 1-8. Retrieved from <http://www.sciencedirect.com/science/article/pii/S0166046210000633>
- VanDerslice, J. (2011). Drinking Water Infrastructure and Environmental Disparities: Evidence and Methodological Considerations. *American Journal of Public Health*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3222486/>
- VanLandeghem, K., & Brach, C. (2009, April). Mental Health Needs of Low-Income Children with Special Health Care Needs . *AHRQ Pub. No. 090033(CHIRI™ Issue Brief No. 9)*. Retrieved from <http://www.ahrq.gov/cpi/initiatives/chiri/Briefs/brief9/brief9.pdf>
- Varney, S. (2015). More Seniors are Going Hungry. *CNNMoney*. Retrieved from <http://money.cnn.com/2015/05/26/news/economy/seniors-hungry/>
- Vespa, J., Lewis, J. M., & Kreider, R. M. (2013, August). *America's Families and Living Arrangements: 2012, Population Characteristics*. U.S. Census Bureau. Retrieved from <https://www.census.gov/prod/2013pubs/p20-570.pdf>
- Viebeck, E. (2015, January 28). Feds: Up to 6 million will face ObamaCare Penalty. *The Hill*. Retrieved from <http://thehill.com/policy/healthcare/231018-feds-15-to-30-million-exempt-from-obamacare-penalty>
- Vogtman, J., & Tucker, J. (2017, April). *Update: Collateral Damage: Scheduling Challenges for Workers in Low-Wage Jobs and Their Consequences*. National Women's Law Center. Retrieved from <https://nwlc.org/wp-content/uploads/2017/04/Collateral-Damage.pdf>
- Wall, T., & Vujicic, M. (2015, April). *Emergency Department Use for Dental Conditions Continues to Increase*. American Dental Association. Retrieved from http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0415_2.ashx
- Ward, B. W., Schiller, J. S., & Goodman, R. A. (2014). Multiple Chronic Conditions Among US Adults: A 2012 Update. *Preventing Chronic Disease*. Retrieved from https://www.cdc.gov/pcd/issues/2014/13_0389.htm
- Wasserman, M. (2016). Ready for kindergarten? Gap between rich and poor narrows, Stanford study finds. *Stanford News*. Retrieved from <http://news.stanford.edu/2016/08/26/kindergarten-ready-gap-rich-poor-narrows/>
- Weiser, S. D., Hatcher, A., Frongillo, E. A., Guzman, D., Riley, E. D., Bangsberg, D. R., & Kushel, M. B. (2012). Food Insecurity Is Associated with Greater Acute Care Utilization among HIV-Infected Homeless and Marginally Housed Individuals in San Francisco. *Journal of General Internal Medicine*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3539018/>
- Wiltz, T. (February 20, 2015). Why Uninsured Drivers Cost Us Over \$2.6 Billion a Year. *The Fiscal Times*. Retrieved from <http://www.thefiscaltimes.com/2015/02/20/Why-Uninsured-Drivers-Cost-Us-Over-26-Billion-Year>
- Wimer, C., Wright, R., & Fong, K. (2013). *The Cost of Free Assistance: Studying Nonuse of Food Assistance in San Francisco*. Institute for Research on Poverty. Retrieved from <http://www.irp.wisc.edu/publications/dps/pdfs/dp140813.pdf>
- Witters, D. (2011, July 27). Caregiving Costs U.S. Economy \$25.2 Billion in Lost Productivity. *Gallup Well-Being*. Retrieved from <http://www.gallup.com/poll/148670/caregiving-costs-economy-billion-lost-productivity.aspx>
- Witters, D., & Liu, D. (2013). *In U.S., Poor Health Tied to Big Losses for All Job Types*. Gallup. Retrieved from <http://www.gallup.com/poll/162344/poor-health-tied-big-losses-job-types.aspx>
- Witters, D., Liu, D., & Agrawal, S. (2013). *Depression Costs U.S. Workplaces \$23 Billion in Absenteeism*. Gallup. Retrieved from <http://www.gallup.com/poll/163619/depression-costs-workplaces-billion-absenteeism.aspx>
- World Health Organization. (2010). International Meeting on Housing, Health and Climate Change. Geneva. Retrieved from http://www.who.int/hia/house_report.pdf?ua=1
- Yellen, J. (October 17, 2014). Perspectives on Inequality and Opportunity from the Survey of Consumer Finances. *Conference on Economic Opportunity and Inequality*. Boston, MA: Federal Reserve Bank of Boston. Retrieved from <http://www.federalreserve.gov/newsevents/speech/yellen20141017a.htm>
- Zurlo, K., Yoon, W., & Kim, H. (2014, May). Unsecured Consumer Debt and Mental Health Outcomes in Middle-Aged and Older Americans. *Journals of Gerontology*, 69(3), 461-469. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/24637231>

ALICE is a registered trademark of the United Way of Northern New Jersey.

© Copyright 2009–2017 United Way of Northern New Jersey. All rights reserved.

No further use, copying, dissemination, distribution, or publication is permitted without the express written permission of United Way of Northern New Jersey.

© Copyright 2017 Susan Sidebottom Photography.