

The Road to Hardship-Free: Minneapolis Check-Up for Children

All children deserve to have a hardship-free childhood. Children's first years of life are a critical period of rapid brain and body growth, greatly influencing the trajectory for their health and ability to gain the knowledge, education, and skills necessary for obtaining their highest potential. Parents are crucial in the development of this trajectory by providing responsive and loving support of their children. The parents' ability to provide this support and to meet the needs of their children greatly depends upon a family's ability to

afford basic necessities such as food, rent, utilities, medical care and prescription medicines.^{1,2,3,4}

Nearly half of families interviewed by Children's HealthWatch in Minneapolis were hardship-free

Children's HealthWatch researchers interviewed families of young children ages 0-4 during their child's primary care appointment at Hennepin County Medical Center between January 2012 and January 2017.

49% of families interviewed by Children's HealthWatch in Minneapolis were hardship-free

Caregivers in hardship-free families were:

171%

more likely to be in good or excellent health

85%

less likely to report depressive symptoms (female caregivers)

Young children in hardship-free families were:

161%

more likely to be in good or excellent health

37%

less likely to have been hospitalized since birth

352%

more likely to meet developmental milestones

Data collected: January 2012 - January 2017. All data depicted are compared to families with two or more hardships.



We created a set of social determinants vital signs, composite scores of five separate hardships for this analysis. The hardship scores consist of:



Food Insecurity: When families lack access to enough food for all members to lead active, healthy lives because of insufficient family resources.



Housing Instability: When families experience at least one of the following: being behind on rent in the past year, moving twice or more in the past year, or experiencing homelessness during the child's lifetime.



Energy Insecurity: When families have limited or uncertain access to enough household energy to sustain a healthy and safe life.



Foregone care: When families delay or forgo receiving medical care or filling prescriptions because of cost.



Health cost sacrifices: When families are unable to pay for basic needs because of the cost of medical care or prescription medicines.

Among 2,800 families with low incomes interviewed, a sample that may not represent all families and children in Minnesota, 49% (1,364) were hardship-free, while 29% (823) experienced one hardship, and 22% (613) experience two or more hardships.

Children and caregivers in hardship-free families had better health

The relationship between the number of hardships and the impact on children and caregivers' physical and mental health follows a dose-response – as the number of hardships increase, so too do the odds of poor health outcomes. However, being hardship-free is protective for children and their caregivers.

Compared to children in families with one hardship, children in hardship-free families were:

Childcare Constraints In order for parents to go to work or school, they want to know that their child is well cared for and safe. However, childcare costs can be a significant barrier. Childcare, particularly high-quality, formal childcare, such as childcare centers or preschools, is expensive in Minnesota. On average the annual cost of infant care in a center was \$15,340 in 2017.⁵ Two out every five families of families in Minneapolis report the constraints of childcare make working or gaining more education difficult, therefore reducing a family's ability to become hardship-free. Among families interviewed by Children's HealthWatch in Minneapolis, families with more hardships were also more likely to report difficulty working or taking classes due to an inability to afford childcare: 15% of hardship-free families, 26% of families with one hardship, 41% of families with two hardships experienced childcare barriers.

- 28% less likely to have been hospitalized since birth
- 182% more likely to meet developmental milestones

Compared to caregivers in families with one hardship, caregivers in hardship-free families were:

- 53% more likely to be in good or excellent health
- 67% less likely to report depressive symptoms

Compared to children in families with two or more hardships, children in hardship-free families were:

- 37% less likely to have been hospitalized since birth
- 161% more likely to be in good or excellent health
- 352% more likely to meet developmental milestones

Compared to caregivers in families with two hardships, caregivers in hardship-free families were:

- 171% more likely to be in good or excellent health
- 85% less likely to report depressive symptoms

Policy Prescriptions

Children thrive when we respond to their realities. Advancing policies that provide opportunities for all families with children to become hardship-free is critical to keeping children, their caregivers, and entire communities healthy. Cross-sector strategies and policy improvements to maximize the number of hardship-free families are within reach in Minnesota and include:

- **Screening for economic hardships in clinical settings** using validated screening tools including those defined in this report. Given the significant associations between hardships and child and family health, identifying and addressing social needs in health care and community settings is necessary and can be highly cost effective.⁶
- **Addressing structural racism and the wage achievement gap.** Minnesota has some of the greatest disparities in the country by race/ethnicity in education, home ownership, wages and wealth.^{7,8,9} Structural discrimination puts non-white households at greater risk of hardships and policies that break down barriers primarily for Black, Hispanic, Somali and Hmong households are required.
- **Raising the minimum wage to \$15 per hour.** Raising the wage to a sustainable, living wage is critical for working families. We applaud the city Council of Minneapolis for establishing a local minimum wage of \$15/hour and encourage the state to follow the city's leadership.
- **Increasing investment in affordable housing.** Building upon recent plans to invest \$50 million in affordable housing in Minneapolis, we encourage other cities to replicate this investment for low-income families across the state.¹⁰
- **Fully funding child care subsidies to meet current child care costs.** For a family of three earning \$35,000/year in Minnesota, paying for infant care would, on average, require 40% of their income. The Child Care Assistance Program helps low-income, working families with children up to age thirteen to pay for child care. Unfortunately, funding for the Child Care Assistance Program has decreased by nearly 30% in the past ten years, wait-listing thousands of parents and putting families across the state at risk of severe economic hardships.¹¹

How we get to hardship-free

This check-up for children shows that hardship-free children and caregivers are healthier and more likely to thrive. We will create a healthier Minnesota by making a commitment to prioritize our youngest children. A vision to address hardships must first address the roots of poverty, including low-wages,

barriers to employment, lack of educational opportunities, and discrimination while also improving access to assistance programs that improve health. Improving the social determinants vital signs of families with young children in Minneapolis is necessary for our communities' current and future health and well-being.

About Children's HealthWatch Children's HealthWatch is a nonpartisan network of pediatricians, public health researchers, and children's health and policy experts. Our network is committed to improving children's health in America. We do that by first collecting data in urban hospitals across the country on infants and toddlers from families facing economic hardship. We then analyze and share our findings with academics, legislators, and the public. These efforts help inform public policies and practices that can give all children equal opportunities for healthy, successful lives.

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